



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD  
TO BE HELD IN PUBLIC ON TUESDAY 27 JUNE 2017 AT 10:00AM-12:45PM  
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD**

**AGENDA: PUBLIC SESSION**

	ITEM	REF.	SUBJECT	PURPOSE	LEAD
10.00	1.	<b>TB/17/30</b> Oral	<b>Welcome and apologies for absence</b> To welcome attendees and note any apologies received.		HL
10.05	2.	<b>TB/17/31</b> Oral	<b>Declarations of Interest</b> To request and record any notifications of declarations of interest in relation to today's agenda.		HL
	3.	<b>TB/17/32</b> Attachment	<b>Minutes of the meeting held in public on 25 May 2017</b> To approve the minutes of the meeting held on 25 May 2017.	Approval	HL
	4.	<b>TB/17/33</b> Attachment	<b>Matters arising</b> To review the action schedule arising from previous meetings.	Information	HL
10.10	5.	<b>TB/17/34</b> To be tabled	<b>Computer Aided Dispatch (CAD) / Information Management &amp; Technology (IM&amp;T) Resilience</b> To receive the report of the CAD outage and actions being taken to ensure the Trust's IM&T resilience.	Decision	GE
10.30	6.	<b>TB/17/35</b> Oral	<b>Staff story</b> To hear from a member of LAS staff about their experience.	Information	TB
11:15	7.	<b>TB/17/36</b> Attachment	<b>Report from the Chair</b> To receive a report from the Chair.	Information	HL
11.25	8.	<b>TB/17/37</b> Attachment	<b>Report from Chief Executive Officer (CEO)</b> To receive a report from the CEO.	Information	GE
<b>PERFORMANCE AND ASSURANCE</b>					
11.35	9.	<b>TB/17/38</b> Attachment	<b>Performance Report – May 2017</b> To receive the performance report: - Finance - Quality - Workforce	Discussion	LB

12:00	10.	<b>TB/17/39</b> Attachment	<b>Board Assurance Framework and Risk Management</b> To receive the Board Assurance Framework and risk register.	Discussion	PH
12:15	11.	<b>TB/17/40</b> Attachment	<b>Logistics' and Infrastructure Committee Assurance Report</b> To receive the report from the Logistics' and Infrastructure Committee – 19 June 2017.	Assurance	TdP
<b>GOVERNANCE</b>					
12.25	12.	<b>TB/17/41</b> Attachment	<b>Trust Board Forward Planner</b> To receive the Trust Board forward planner.	Information	PH
12.30	13.	<b>TB/17/42</b> Oral	<b>Questions from members of the public</b>		HL
12.40	14.	<b>TB/17/43</b> Oral	<b>Any other business</b>		HL
12.45	15.		<b>Meeting close</b> The meeting of the Trust Board in public closes.		HL
	16.		<b>Date of next meeting</b> The date of the next Trust Board meeting in public is on Tuesday 1 August 2017 at LAS Headquarters, 220 Waterloo Road, London SE1 8SD.		HL

**Additional:**

**Quality Report – May 2017** (This report is being issued for information only.)



## **TRUST BOARD: Public meeting – Thursday 25 May 2017 at 2pm**

**DRAFT Minutes of the Public meeting of the Board held in the Conference room – Headquarters, 220 Waterloo Road London SE1 8SD**

<b>Present</b>		
<b>Name</b>	<b>Initials</b>	<b>Role</b>
Andrew Grimshaw	AG	Interim Chief Executive Officer (CEO)
Heather Lawrence	HL	Chair
Trisha Bain	TB	Chief Quality Officer
Andy Bell	AB	Interim Director of Finance
Fergus Cass	FC	Non-executive Director
Jessica Cecil	JC	Associate Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
John Jones	JJ	Non-Executive Director
Jayne Mee	JM	Non-Executive Director
Theo de Pencier	TdP	Non-Executive Director
Paul Woodrow	PW	Director of Operations
Fenella Wrigley	FW	Medical Director
<b>In attendance</b>		
Karen Broughton	KB	Director of Transformation, Strategy and Workforce
Garrett Emmerson	GE	CEO designate
Philippa Harding	PH	Governance Improvement Director
Maeve Stevenson	MS	Administrator (Minutes)
<b>Apologies</b>		
Robert McFarland	RM	Non-executive Director

### **1. TB/17/13 – Welcome and apologies**

- The Chair welcomed all to the meeting and noted the apologies that had been received.
- Three members of the public were in attendance.

### **2. TB/17/14 – Declarations of Interest**

- There were no declarations of interest in matters on the agenda.

### **3. TB/17/15 – Minutes of and matters arising from the previous meeting held on 25 April 2017**

- The minutes of the Trust Board meeting held on 25 April 2017 were approved as a true and fair record, subject to the following amendment:
  - To reflect the fact that Karen Broughton – Director of Transformation, Strategy and Workforce had been present; and
  - To reflect the fact that action reference 54.2 related to the Fleet Strategy, rather than the IM&T Strategy.

### **4. TB/17/16 – Matters arising**

- The Board reviewed the action log and noted the following:
  - 4..1 Action reference 33.3 - to be closed, as cumulative performance was included in the Integrated Performance Report.
  - 4..2 Action reference 33.6 – to be closed, following an update to the Workforce and Organisational Development (OD) Committee, this would be incorporated into the People and OD Strategy.
  - 4..3 Action reference 35.2 – the Bank Review was continuing and would be submitted to the Workforce and OD Committee ahead of its consideration by the Board.
  - 4..4 Action reference 51.1 – the job descriptions had been completed and were with the Chair ahead of their consideration by the Nominations and Remuneration Committee.
  - 4..5 Action reference 54.2 – to be closed, as the Fleet Strategy was on the agenda for consideration later in the meeting.
  - 4..6 Action reference 11.1/11.6 – the international paramedics report had been presented to the Workforce and OD Committee; a longer-term analysis was being undertaken and would be incorporated into the Workforce Plan (due August 2017) and the People and OD Strategy (due September 2017).
  - 4..7 Action reference 8 – the Estate Strategy required consideration by the Logistics and Infrastructure Committee ahead of its submission to the Board.
  - 4..8 Action reference 9 – a formal report on the failure of the Computer Aided Dispatch (CAD) system and recommendations to improve the Trust’s resilience in this area had been delayed due to “purdah” rules associated with the General Election due to take place on 8 June 2017. They would be submitted to the next meeting of the Board.

### **5. TB/17/17 – Report from the Chair**

- At his last Board meeting, the Chair offered her thanks on behalf of the Board to AB for his contribution as Interim Director of Finance and prior to this as Deputy Director of Finance. It was also AG’s final Board meeting, and Board members recognised and thanked him for his leadership whilst acting as interim CEO during a challenging period for the Trust. The Board’s thanks were also offered to Charlotte Gawne, Director of Communications, who would also be leaving the Trust. Board members wished them all every success in their new roles.

- In addition the Chair welcomed those who had recently joined the London Ambulance Service (LAS):
  - Lorraine Bewes – Director of Finance;
  - Ross Fullerton – Chief Information Officer;
  - Patricia Grealish – Director of People and OD;
  - Philippa Harding – Governance Improvement Director; and
  - Dawn Jervis and Jacqui Bate – Interim Human Resources (HR) leads

## **6. TB/17/18 – Report from Chief Executive Officer**

- The CEO provided the Board with an oral update. He noted that Mark Hirst, Interim HR Director, would be leaving the Trust at the end of May and recognised his contribution to the Trust.
- With regard to the increased threat level currently being experienced following the recent terrorist incident in Manchester, it was confirmed the Gold cover was in place 24/7. There were challenges associated with this required action and all Board members offered their thanks and support to PW, Operations, and Support services, who were working to ensure the LAS were in the best position possible to respond should a similar incident occur in London.
- It was noted that the LAS had offered support to the North West Ambulance Service's (NWAS) response in dealing with the Manchester incident. The NWAS CEO had expressed his gratitude.

## **7. TB/17/19 – Annual Report and Accounts 2016/17**

- The Board considered the draft 2016/17 Annual Report, including the Annual Governance Statement, and the draft 2016/17 Annual Accounts. The Annual Accounts were tabled, due to the ongoing work required during the audit process.
- The Chair of the Audit Committee provided an oral update on the meeting of the Committee which had taken place earlier that day. He confirmed that, at that meeting, the Audit Committee had reviewed the Annual Accounts, the Annual Governance Statement and the Annual Report (having reviewed them in detail twice previously). The Committee had received assurance from the Trust's internal and external auditors with regard to these documents. In light of this, the Audit Committee had agreed to recommend them to the Board for adoption and submission to the Department of Health. The Trust had achieved all core financial duties, with no significant issues highlighted.
- Board members noted that this was the second year that the Trust's accounts had received no significant comments from either the internal or external auditors. The CEO, AB and the Finance department were recognised for their achievements.
- TB presented the draft 2016/17 Quality Account, noting that the Trust was required to submit the full document to key external stakeholders for comment. The comments which had been received from the Patients' Forum were particularly welcomed. It was noted that further work was required to establish how best to reflect these within the drafting of the document, as well as how best to make the report as engaging as possible. In light of this the Board was requested to approve the 2016/17 Quality Account subject to any significant changes that might arise from this process, in which case it would be resubmitted for further consideration by the Board.

## RESOLVED:

- The Board resolved to approve:
  - The 2016/17 Annual Report
  - The 2016/17 Annual Governance Statement
  - The 2016/17 Annual Accounts
  - The 2016/17 Annual Quality Account

## 8. TB/17/20 – Performance Report – April 2017

- AB provided an overview of the report, which provided an executive summary of the Trust's performance in relation to quality, operations, workforce and finance. Individual Executive Directors also provided further oral updates and clarifications with regard to their areas of responsibility.
- In response to a query about whether the Trust's recruitment plans aligned with forecast winter staffing requirements, the Board was advised that the Workforce and OD committee had received assurance that staffing numbers were appropriate, although it was noted that recent offers would not necessarily result in fully-deployable frontline staff until early in 2018. Board members considered the difference between recruitment against the Trust's formal establishment and meeting the number of hours the Trust required from frontline staff. It was noted that the Trust's workforce model enabled it to manage the demand that it faced; as recruitment increased this would then reduce reliance on overtime and private services.
- It was reported that further work was being undertaken to ensure that the Trust had the required capacity to "on-board" new members of staff. The skill-mix required by the Trust was also under review i.e. number of EACs / paramedics; however there were strong pipelines for both groups. The Workforce and OD Committee was considering these issues and in the process of reviewing the Trust's workforce plan and workforce strategy. These were due to be submitted to the Board in the coming months. Board members noted the importance of an executive focus on these issues, emphasising that this area could be one of the top five risks faced by the Trust.
- With regard to the opportunity for improvement of the Trust's stroke standard, Board members noted that it was important to distinguish between those who identified as potential stroke victims at the point at which the LAS was contacted and those who were subsequently identified as such.
- It was noted that Job Cycle Time for April was 82.8 minutes, which was the lowest it had been since 2015. The Trust's target was to achieve 78 minutes and it was anticipated that this would be achieved by the end of the financial year. Board members emphasised that the Trust should be seeking to achieve "best in class" once it had achieved its own target.
- Subject to the comments set out above, the Board agreed to accept the report.

## 9. TB/17/21 – Board Assurance Framework (BAF) and Risk Management

- The report was tabled. PH advised the Board that the report's late circulation had been due to the need to ensure that a number of inaccuracies that had been identified by the Audit Committee (18 May) were addressed. Board members noted that further work was required with regard to the accuracy of the report as well as the general content of the BAF.
- It was agreed there should be a review of the organisation's 'top-down' objectives, as set out in the Business Plan, with a view to informing the Trust's 'Top Five' risks. The BAF should be used to challenge and refresh the risk register to ensure the correct focus. Board members emphasised the importance of ensuring that this occurred with appropriate pace and with the necessary involvement of the Board's Committees. In order to ensure that this occurred before the end of June, it was recognised that this might require "virtual" consideration by each Committee.

**ACTION: GE & PH to review and secure agreement of the Trust's top five risks and other risk ratings within the BAF.**

## 10. TB/17/22 – Quality Governance Committee Assurance Report

- The Board noted the report of the meeting of the Quality Governance Committee on 16 May 2017, which had been provided by the Chair of that Committee. As the Chair of the Committee had been unable to attend the Board meeting, and JJ had been in attendance at the Committee, he provided Board members with an overview of the meeting.
- It was noted that the Committee was in transition. This was reflected in the fact that its members did not consider that they were in a position to provide the Board with assurance on a number of the matters that they had considered. This assurance was expected to follow as the new structure became more embedded. In light of this, the Chair emphasised the importance of Committees being clear about the actions and timescales required to be able provide assurance, if they did not consider that they could provide it at the current time.
- In consideration of the issues raised within the report, the Board discussed the Trust's capacity to provide manual handling training and whether this should be considered a corporate risk. The importance of ensuring that appropriate manual handling training was emphasised in light of the impact of muscular-skeletal injuries on the LAS workforce. Alternative methods of ensuring the provision of this training were explored and it was suggested that consideration be given to establishing whether partners such as the London Fire Brigade or other acute care providers might be able to assist.
- In response to a query about the assurance that could be provided to the Board with regard to the activity to improve the Mental Health CPI (particularly documenting safeguarding consideration), Board members were informed that this related to the structure of current paper Patient Record Forms (PRFs). In light of the time that it was likely to take to introduce electronic PRFs, work was being undertaken to establish alternative options. The outcomes of this would be presented to the Quality Governance Committee in due course.

## **11. TB/17/23 – Audit Committee Assurance Report**

- JJ provided the Board with an overview of the meeting of the Audit Committee on 18 May 2017. Particular emphasis was given to the Committee's consideration of a proposed approach to delivering a Data Quality Strategy and Framework for LAS. It was noted that the Executive Leadership Team (ELT) had subsequently agreed that further work should be undertaken to ensure that there was a clear plan for ensuring the assurance of workforce and quality data.
- The Board noted the Annual Report of the Audit Committee, in particular the areas that had been identified for the Committee's focus in 2017/18.
- FC took the opportunity to provide the Board with an oral update on the meeting of the Workforce and OD Committee that had taken place on 22 May 2017. It was agreed that this report should be circulated to the Board for consideration in correspondence ahead of its next meeting. (A copy of the report can be found as an appendix to these minutes).
- TdP provided the Board with an oral update on the meeting of the Logistics and Infrastructure meeting that had taken place on 13 April 2017.

## **12. TB/17/24 – Finance and Investment Committee (FIC) Assurance Report**

- The Chair provided an oral overview of the meeting of the Finance and Investment Committee meeting that had taken place on 22 May 2017. The Committee had considered the following business:
  - Cost Improvement Programmes (CIPs) - ELT members would be accountable for delivering these in line with their objectives.
  - Commissioning for Quality and Innovation (CQUINs) for 2017/18 had been finalised.
  - Assurance had been received that Marauding Terrorist Firearms Attack (MTFA) funding had been allocated to the Trust for 2016/17 and 2017/18.
  - LAS' statutory duty to achieve the Financial and Quality targets i.e. planned deficit of £2.4 million 2017/18.
  - Model hospital – LAS had entered to be a pilot ambulance trust.
- It was noted that the Committee had considered a number of investment cases, with one being rejected relating to Medicines Management. The Board was advised that a number of existing projects would address this i.e. Vehicle based equipment / Make ready / Vehicle based Paramedic bags.

## **13. TB/17/25 – 2017-19 Business and Financial Plan**

- KB presented the Business Plan to the Board, advising that it had been re-designed following the feedback from the previous Board consideration, in order to provide clarity in what it meant for patients, staff and infrastructure. The Chair thanked KB and her team for the work they had undertaken, emphasising the value of the Business Plan as a living document. In light of this it was anticipated that there



would be a number of amendments and subsequent iterations to ensure that it remained as up to date as possible throughout the period of its existence. Board members considered that a formal review of the plan would be appropriate in January 2018.

- Directorates would be encouraged to identify how they supported and fed into the objectives identified within the Business Plan. There would also be local engagement sessions to facilitate team and individual objective setting in this context.

**RESOLVED:**

- The Board resolved to approve the 2017-19 Business Plan.

#### **14. TB/17/26 – Fleet Strategy**

- The CEO provided an overview of the Fleet Strategy which had previously been considered by the Logistics and Infrastructure Committee. It was noted that the strategy continued to evolve and could be impacted by other development such as the Ambulance Radio Programme (ARP). In light of this the strategy would require annual review and refresh. It was also suggested that further consideration might need to be given to the resources required to support the delivery of it.
- Board members noted the issues that were outlined and the strategic context within which the strategy had been set; however, it was suggested that more could be done to provide a greater understanding of the level of savings that the strategy was likely to enable the achievement of. Consideration was given to the need for more detailed plans to support the delivery of this and other of the Trust's strategies. As there were synergies and critical dependencies across all of the Trust's strategies, the Board requested that an overview of all of these and the plans being made to deliver them be presented to a future meeting. The role of the Board's Committees in reviewing these more detailed plans and providing assurance to the Board was noted.

**ACTION: KB to provide the Board with a summary of the Trust's strategies, their critical dependencies and plans to deliver them.**

**RESOLVED:**

- The Board resolved to approve the Fleet Strategy.

#### **15. TB/17/27 – Trust Board Forward Planner**

- The Board noted the forward plan of its meetings in 2017. The Board had agreed to hold monthly public meetings and the plan required amendment to reflect that. It was considered that a clear plan for the business of monthly meetings was required, not least in light of the level of support that they required.

**ACTION: PH to ensure that the Trust Board forward planner reflects new meeting plans.**

#### **16. TB/17/28 – Questions from members of the public**

- The Patients' Forum (represented by Malcolm Alexander) asked the following questions:
  - Will the Board take steps to provide strategic leadership for London's Sustainability Transformation Plans (STPs) to ensure that all STP plans show due regard to development of urgent and emergency care services in London, in view of the rising demand and predicted significant rises in population?
  - Will the Board investigate reasons for the very low percentage of complaints upheld by the LAS: 8.8% (57% are not upheld)?
- With regard to the first question, it was noted that the LAS understood the importance of STPs and that this was reflected in its Business Plan. In addition there was a nominated ELT and Non-Executive Director lead for each STP.
- On the second question, it was reported that work was ongoing with the Patients' Forum to improve the process for managing patients' complaints and outcomes for patients. As part of this work, the criteria used to measure the service given was being reviewed; this was reflected in the Business Plan as part of the learning to improve patient care objective.

#### **17. TB/17/29 – Any other business**

- No other business was raised.

#### **18. Date of next meeting**

- The date of the next Trust Board meeting in public is on 27 June 2017 at LAS Headquarters, 220 Waterloo Road, London SE1 8SD.

# TRUST BOARD - Public Meeting: ACTION LOG

**Commenced w.e.f. 25 May 2017**

Ref.	Action	Owner	Date raised	Date due	STATUS	Comments / updates <i>(i.e. why action is not resolved / completed)</i>
					On track	
					1 month late	
					Over 1 month late	
8	Estates Strategy: - Finalise the strategy document - Strategic Outline Case to Trust Board	Andrew Grimshaw	28/02/17 17/03/17	28/03/17 25/05/17	1 month late	To be incorporated into broader strategy work.
35.2	Quality Governance Committee Report – Bank Staff: ELT to receive further update re bank staff mandatory training.	Patricia Grealish <del>Karen Broughton</del>	28/03/17	25/05/17	1 month late	19/06/17 - update from Nikki Fountain: P&OD undertaking a full compliance review of Statutory and mandatory training with bank staff. To be reported ELT and People and OD Committee on 24/07/17.  Matters arising 25 May 2017 The action is being progressed by the Executive leadership Team.
TB/17/21	Garrett Emmerson / Philippa Harding to review and secure agreement of the Trust's top five risks and other risk ratings within the BAF.	Garrett Emmerson / Philippa Harding	25/05/17	09/06/17	On track	
TB/17/26	Karen Broughton to provide the Board with a summary of the Trust's strategies, their critical dependencies and plans to deliver them.	Karen Broughton	25/05/17	01/08/17	On track	
TB/17/27	Philippa Harding to ensure that the Trust Board forward planner reflects new meeting plans.	Philippa Harding	25/05/17	01/08/17	On track	



## Report of the Chair – 27 June 2017

### 1. Chief Executive Officer (CEO) – Garrett Emmerson

I am delighted that Garrett has been in post for one month and as part of his induction has been meeting staff across the Service. The Service has responded to a Major incident each week since he started and his report covers the sad events that our staff have had to deal with across London. It is a tribute to his professionalism that he has been present, met with staff and taken Executive leadership as expected of a CEO and indeed with someone of his experience.

It is a long time since (if ever) that the LAS, together with the other emergency services has had to deal with so many events of this nature so close together. And given this the welfare of our staff has never been so important; again Garret's report covers the actions being taken to ensure we provide appropriate support to our staff.

My thanks go to all of our staff and to the Executive team who have led our response to the various incidents.

Following the London Bridge attack the Mayor of London Sadiq Khan visited LAS HQ on 6 June and spoke to staff in the control room and frontline staff.

Philip Dunne MP, Minister for Health with responsibility for Trusts in Special Measures visited the Service on 15 June following the Grenfell Tower fire. He spoke to a similar range of staff including Stuart Crichton who had been Gold commander at the start of the incident. After the visit Garrett and I spent some time with the Minister discussing where we are in relation to the forthcoming CQC Quality Summit.

### 2. Care Quality Commission (CQC) Quality Summit

The Quality Summit will take place on 29 June 2017 – 13:00-16:00 at ETC venues, Avonmouth house, 6 Avonmouth Street, London SE1 6NX.

This is an opportunity for the CQC to discuss key findings with our stakeholders.

Our focus will be on the progress the Service has made since the review undertaken by the CQC in February and I ask that as many of the Board attend the event as possible.

### 3. Get Involved in the Solutions Workshop (19 June 2017)

Together with the CEO, Paul Woodrow Director of Operations, Patricia Grealish Director of People and Organisational Development and Karen Broughton Director of Transformation and Strategy I attended the workshop facilitated by Melissa Berry our Race Equality advisor.

The workshop was attended by more than 40 staff from across the Service.

As an organisation we are making progress on the Workforce Race Equality Standards (WRES) agenda, in that conversations are now happening across the service. However we have a long way to go to achieve race equality here at LAS.

The output from the meeting will form the basis of the WRES action plan.

**4. NHS Improvement (NHSI) – London Chairs Network (16 June 2017)**

This was a particularly good networking event with a highly relevant agenda.

Steve Russell, NHSI Executive Regional Managing Director updated us on the National and London position with regard to finance and performance which has now been widely covered in the HSJ.

We then received a presentation from Marie Gabriel, Chair of East London NHS Foundation Trust on Building an Inclusive Culture and the 'Next Director' scheme by Janice Scanlon, NHSI Head of NED development. Dr Patrick Cardigan, NHSI National Clinical Lead presented on Learning from deaths. Lastly we had a focus on Mental Health by Peter Molyneux, Chair of St. George's Mental Health Trust.

I will circulate the slides of the presentations for consideration by the relevant Directors and Board sub committees.

Philippa Harding and I will seek to meet with Janice Scanlon about the Next Director scheme launch.

**5. NHS Confederation Conference (14-15 June 2017)**

I attended the conference in Liverpool along with Karen Broughton, Director of Strategy. Whilst there were some useful plenary sessions the most benefit derives from informal networking. As an example I was able to put Garrett in contact with Matthew Patrick CEO at the South London and Maudsley and Gold for Mental health issues following the recent events through meeting his chairman.

**Heather Lawrence OBE**  
**Chair**



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>27 June 2017</b>
<b>Document Title:</b>	<b>Chief Executive's Report</b>
<b>Report Author(s):</b>	<b>Chief Executive</b>
<b>Presented by:</b>	<b>Chief Executive</b>
<b>Contact Details:</b>	<b>Jacqui.Galletta@lond-amb.nhs.uk</b>
<b>History:</b>	<b>n.a.</b>
<b>Status:</b>	<b><i>Information</i></b>
<b>Background/Purpose</b>	
<p>The Chief Executive's report gives an overview of progress and events of key events within the Service since the last time the Board convened.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and the Board:</p>	
<b>Action required</b>	
<p>To note the report.</p>	
<b>Links to Board Assurance Framework and key risks</b>	
<p>The CEO report provides the overview of Trust activity in the period since the last Board meeting.</p>	

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	<b>Yes</b>
<b>Performance</b>	<b>Yes</b>
<b>Financial</b>	<b>Yes</b>
<b>Workforce</b>	<b>Yes</b>
<b>Governance and Well-led</b>	<b>Yes</b>
<b>Reputation</b>	<b>Yes</b>
<b>Other</b>	<b>Yes</b>
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	<b>Yes</b>
<b>Achieving Good Governance</b>	<b>Yes</b>
<b>Improving Patient Experience</b>	<b>Yes</b>
<b>Improving Environment and Resources</b>	<b>Yes</b>
<b>Taking Pride and Responsibility</b>	<b>Yes</b>

**London Ambulance Service NHS Trust**  
**Trust Board 27<sup>th</sup> June 2017**  
**Chief Executive's Report**

This report provides the Trust Board with an update regarding key issues, events and activities.

**Performance**

Regarding the national position, the LAS ranks top for Red1, Red2 and A19 performance year-to-date compared with the six other Trusts reporting these metrics (week commencing 29/05/2017).

Performance and activity trajectories for the 2017/18 contract have been agreed with commissioners and the contracts have been signed. We have committed to achieve a minimum of 60% A8 performance in all CCGs and 72% in each STP, from October 2017 onwards to ensure equity of patient care across London. Year-to-date, all CCGs are above 60% A8 performance with 12 averaging above 75%.

This has been achieved in spite of currently being higher than planned levels, with category A incidents 9% above plan cumulatively year-to-date (total incidents are 4.4% above plan). The commissioner's have committed to reduce the level of demand down by 2% over the year. Although capacity is still a challenge we are consistently providing additional patient facing vehicle hours above plan to help mitigate the pressure from increased demand; recently, focus has turned to providing equitable capacity geographically and targeting overtime locally. Furthermore, job cycle time continues to improve, averaging on or below trajectory, with a current JCT of 80.6 minutes (for week ending 04/06/2017) – this is the most efficient overall JCT seen so far this year and compared with 2016/17.

Performance Reviews are now in place on a monthly basis between ADOs and the Executive Team, monitoring EOC, 111, Central Operations and the five operational sectors in the delivery of high quality patient care. This is supported by Business Intelligence who have designed and developed executive summaries and analytics to evidence the performance progress in each area.

An interactive rest break dashboard has been developed to support control and operational managers in tracking compliance to rest breaks and reinforce improvement targets. This empowers our frontline staff and is expected to result in a more equitable distribution of performance across the 24-hour period.

**Manchester – threat level rising to CRITICAL**

Following the terrorist attack in Manchester on Monday 22 May, the national threat level was raised to CRITICAL on the evening of Tuesday 23 May and was then de-escalated to SEVERE on Saturday 27 May. During this time actions taken by Operations across the course of the period included: the establishment of a 12 hour on duty Gold cover rota in permanent proximity to headquarters to enable rapid deployment out of hours; the same level of cover with Silver (tactical command) and strategic/tactical advisors from Emergency Planning, Resilience and Response (EPRR); dedicated Executive Director on call to support these structures; compliance with actions circulated by NHS England and the National Ambulance Resilience Unit (NARU); additional HART provision was secured while three tactical response cells located across London (1 East/1 West/1 Central) were ring-fenced to provide additional response to any MTFAs/terrorist confirmed incident.

**London Bridge – Saturday 3 June**

The Trust's resilience was tested during the London Bridge attack which took place on the evening of Saturday 3 June. We were called to the incident just after 22:00 hours with the first ambulance crew arriving within six minutes. We sent over 80 of our medics to the scene including ambulance crews, advanced paramedics, specialist response teams and an advanced trauma team from London's Air Ambulance. We declared a major incident and worked closely with other members of the emergency services at the scene. Our priority was to assess patients and ensure that they were treated and taken to hospital as soon as possible. 48 patients were taken to five hospitals across



London and a number of others were treated at the scene for minor injuries. The police later confirmed that six people died at the scene (this later rose to eight). The Chairman and I sent a joint message of thanks to all staff on Sunday 4 June, reminding everyone about the range of welfare support which is available.

Since the attack, we have received thanks from a range of external partners including the Mayor of London, NHS England, NHS Improvement, other ambulance trusts and CCGs.

### **Grenfell Tower 14 June 2017**

The Trust were called upon to respond to a major fire in a 25 storey block of flats in W11. We declared a major incident at 02:33 hours. The resilience of the trust was put to the test once again and once again our operational colleagues and support staff demonstrated a high degree of dedication, professionalism and care for those effected. At its peak over 100 clinicians were in attendance over many hours with support from London Air Ambulance and our HART teams. 69 casualties were taken to six hospitals across London. As has been widely reported in the media, these were sadly a large number of fatalities. At approximately 20:00 hours the incident was reduced in level to that of significant and we will continue to support our emergency service partners during the next phase of this operation which is expected to last for a number of weeks.

I issued a statement on behalf of the Chairman and myself to all staff thanking them for their efforts in extremely challenging circumstances.

Further updates will be provided to the Board as they become available.

### **Communications**

Our response to the terrorist incident at London Bridge and the fire at Grenfell Tower has been portrayed favourably across regional, national and international media, and has been recognised by a number of key stakeholders.

In relation to London Bridge we managed significant media interest through Saturday night and the days that followed, working closely with other London agencies to ensure a consistent approach and messaging. We took a digital first approach issuing our statements via Twitter – these were viewed 8.8 million times. Our Service was the primary source of information on casualties during the incident. On the Sunday, ADO Peter Rhodes, who was Gold during the incident, was interviewed by BBC London TV, Sky News, Channel 4 News and ITN News giving an overview of how the incident was managed. We then facilitated pooled interviews with Paramedic Gary Edwards, one of our first responders - his story was covered by the Evening Standard and Sky News, as well as a number of national newspapers including the Telegraph and Guardian.

The day after the incident, I hosted a visit from the Secretary of State for Health Jeremy Hunt to thank staff involved. A day later, I joined the Mayor and other emergency service leaders at the vigil in Potters Field, which was also attended by a group of uniformed staff who responded to the incident. We then facilitated a visit by Sadiq Khan to our headquarters to meet staff who were involved and observe the minute's silence on Tuesday 6<sup>th</sup> June. On both occasions, the Mayor praised the work of our staff. The Prince of Wales and Duchess of Cornwall also thanked our staff alongside other health workers during a visit to the Royal London Hospital.

Our Director of Operations Paul Woodrow was on scene at the Grenfell Tower site and participated in a number of media events with emergency service partners. In a short message posted on social media Paul expressed the Service's condolences to everyone affected by the fire and paid tribute to the bravery and dedication of all our staff.

On the 15<sup>th</sup> June I, together with the Chairman, hosted a visit by Philip Dunne, Minister of State for Health who wanted to express his personal gratitude to the Trust for our response to the recent terror attacks and the Grenfell Tower fire.

### Staff Well Being

Our Well Being team is working with LAS Linc Workers to implemented our current approach to supporting Serious Incidents. With the multiple nature of incidents since late 2016 (Croydon Tram Derailment, Westminster, London Bridge and now Grenfell) we are revisiting our support requirements and have made contact with and taken support and advice from outside organisations and individuals. SCAS have offered their trained TRiM assessors and we have gratefully accepted this help to allow us to pair these with our Executive team and Gold Teams. We have taken advice from Professor Neil Greenberg (Defence Medical Services) and also Matthew Patrick (Maudsley), both of whom are experts in Trauma. This advice is informing our work as we go and will also be built in to the way we support staff and managers in future.

Immediate attention is being given to our HART team who will be involved to Grenfell for some time and also to identifying those employees who have been exposed to multiple incidents. This work will be completed this week.

At the Senior Manager meeting on the 7<sup>th</sup> June we introduced our new occupational health provider PAM. This will be followed up with a series of road shows, including with TU groups, during July to ensure staff and managers are aware of the services and benefits. ***PAM offered free support in advance of the July start of their contract, to supplement our existing Employee Support programmes following the recent London Bridge incident.***

### Medical Developments

In addition to supporting the major incidents described above, over the past month the medical directorate has continued to be focussed on patient safety and outcomes. We have worked closely with the developing quality directorate to ensure that roles and responsibilities are clearly defined and the terms of reference for meetings adequately address all the areas of quality and safety assurance.

The Clinical Strategy set a target for all patients in cardiac arrest where the initial rhythm is 'shockable' receive defibrillation within 4 minutes. During May the Medical Director Dr Fenella Wrigley issued guidance advising of a change in practice for clinical staff attending a patient in cardiac arrest to ensure early defibrillation. This change was introduced following learning from a number of serious incidents which recognised the challenges of managing an out of hospital cardiac arrest and the changes have been endorsed by the Resuscitation Council (UK). Staff have also received update training through Core Skills Refresher sessions, a video reinforcing messages has been shared and we have produced info-graphics which are displayed at all clinical sites within the organisation.

In addition, following an alert to the presence of Fentanyl-contaminated heroin within the community, a medical directorate bulletin was issued to raise awareness to staff as this particular drug has a high lethality when used outside of the healthcare setting.

In response to feedback from patients and stakeholders front-line staff have also been reminded when attending Healthcare Professional (HCP) calls that patients are conveyed to the facility they have been referred to or when the crew arrive on scene and find the patient's condition is significantly different to the initial call for help that a discussion takes place with the referring HCP.

During May the Trust received confirmation of accreditation for the Pearson's IHCD qualification to ensure the current EACs, completing conversion programs, are eligible to receive their qualifications. Also, during May, we have been working with partner agencies and commenced discussions with St Georges University and Anglia Ruskin to provide increased capacity for 'technician-to-paramedic' pathways. To further support local recruitment the Clinical Education & Standards team provided 4 days of assessment centres and interviews for the recruitment of the UK Graduates and, in addition, attended a recruitment fair and our Deputy Director of Education and Standards was an invited speaker at the Ambition Conference in London.

In the past month Clinical Education & Standards have delivered 189 courses which included welcoming 25 new starters onto EAC programmes, inducting and orientating 12 new paramedics and delivering CSR to 1412 staff. Other programs offered during the month have included Return to Practice, driving and paramedic conversion courses. Two managers completed the updated driving instructor and assessor qualifications which will provide greater capacity for driver training.

## **Strategy**

Following a Trust Board Away Day on the 7<sup>th</sup> June the Board committed to our intention to set out our high level strategic vision in a document in September and to consult on this. It is envisioned that the refreshed strategy and its supporting implementation plans will be launched in December 2017.

Following the Board's agreement of the 2017-19 Business Plan, Directorates are meetings are taking place throughout June to develop local business plans and set personal objectives for all staff.

As part of the Business Plan, the Board agreed three programmes that will make up the Trust's Transformation Programme. These are: Transforming Care Delivery; Shaping Our Culture; and Simplifying for Success. The projects that will make up each programme are currently being finalised with the Executive Leadership Team for presentation to a future Board meeting.

I am pleased to confirm that after much work on the 19<sup>th</sup> June the service submitted a bid to run the North East London 111 service. As you aware at discussion at the last board away day on 7<sup>th</sup> June it was agreed that the submission of this bid strongly aligns with our emerging strategy in relation to our potential future role in Integrated Care in London.

## **Quality Improvement**

During the month the proposed new Quality Directorate structure has been finalised and the consultation for implementation is now underway, the 30 days consultation will end on Thursday 6<sup>th</sup> July. Recruitment to new posts, implementation of the news structure will then commence with completion expected by the end of August 2017.

The new Serious Incident framework has now been launched and the Patients Forum are currently working with the complaints team to review the response letters to patients. Governance frameworks have been developed to best practice standards and reporting within the groups/committees aligned to the Care Quality Commissions Key lines Of Enquiry (KLOEs). Membership and Terms of Reference have also been reviewed, currently the operational/sector governance meetings are going through the same review. The first meeting of the Quality Oversight Group is on 19<sup>th</sup> June, all other groups will commence under the new framework for their next meetings.

A review of the KLOEs is underway for the Well Led and Safe domain and a framework is being presented to the executive on 19<sup>th</sup> June to take forward a programme of work that will move the

Trust from its current position to excellent/outstanding assessment by CQC. This will include baseline assessment against all KLOEs in each of the CQC Quality domains, a trust-wide Quality Strategy, quality improvement/implementation plans for each sector and corporate teams, with regular monitoring via sector Quality Governance and Assurance Managers and with oversight at the Quality Oversight Group, reporting to the executive. The aim is for the quality activities described to become 'business as usual' at all levels in the Trust. In addition an independent review of the Health and Safety function began on 12<sup>th</sup> June, this will inform future structures and provide a gap analysis to develop a compliance implementation plan to ensure the Trust meet all regulatory standards.

Review of security within Waterloo HQ and Bough control centres has been undertaken by the Counter Terrorism Lead for the Metropolitan Police. A report with recommendations to improve security at both locations will be presented to the executive team on 21st June.

### **IM&T**

Within IM&T the focus has been on providing reliable service performance and availability including enhanced support to operations during the Critical terror threat status and elevated support around the London Bridge incident. We have been understanding and improving our defences against potential cyber-attack with good progress made to apply critical security patches in line with recommendations however there remains for the work to do around cyber resilience.

The plans to implement the IM&T strategy, including the recommendations from the CAD reports, are making good progress. We have launched a series of workforce interventions, engaged technical and process experts, and developed workforce recruitment plans which, with the continued support of finance and HR, will add the capacity required to become sustainable.

### **Recruitment**

The coming weeks will see significant activity to design, plan and execute recruitment activities to increase the flow of recruits into our Emergency Ambulance Crew and Paramedic workforce. In the short term this will continue to include Australian recruitment activities but the focus for 2017 and beyond will be on a strategic plan to engage as widely as possible to attract people from across our London communities to work with us. A Board update will follow later in the summer.

Although not envisaged as part of our long-term plan, the Australian recruits are part of our short-term resourcing solution. 185 conditional offers of employment were made as a result of the visit in March/April 2017 and these recruits will arrive in July to start their transitional training. It is likely that we will proceed with the September visit planned at this stage because the time is too short to have assurance that UK activities will give us the numbers required, particularly in the context of UK-wide NHS staff shortages.

### **Equality and Diversity**

Work is starting on developing an updated Action Plan for our Workforce Race Equality Standard indicators in line with our inclusive approach; a "Solutions" event will take place on 19 June involving a wide cross section from the organisation and in partnership with BME groups and employees (lead by Melissa Berry). New action plans will be presented at Board in August.

The introduction of the Transgender Employment Policy continues the Equality and Diversity focus. This and other policies, will be subject to impact assessment as part of the work of the new Director of People and OD, in addition to implementing a clear communication and education process for all new policies and procedures.

## **Employee Benefits**

The company car scheme has been recognised with an award in the annual Employer Benefits Awards 2017, in the 'Best Staff Travel Benefit' category.

We have had salary sacrifice schemes in place for both bicycles and cars now for a couple of years and uptake has been good. 92 staff have place orders for bicycles since the window opened in March 2017. 154 cars have been procured using the scheme over the first 2 years



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>27 June 2017</b>
<b>Document Title:</b>	<b>Integrated Performance Report – Trust Board Executive Summary</b>
<b>Report Author(s):</b>	<b>Key Leads from Quality, Finance, Workforce, Operations and Governance</b>
<b>Presented by:</b>	<b>Lorraine Bewes</b>
<b>Contact Details:</b>	<a href="mailto:Lorraine.bewes@lond-am.nhs.uk">Lorraine.bewes@lond-am.nhs.uk</a>
<b>History:</b>	<b>Executive Leadership Team</b>
<b>Status:</b>	<b>Information Assurance and Discussion.</b>
<b>Background/Purpose</b>	
<p>This is the High - Level Integrated Performance Report that serves to provide an Executive Summary for Trust Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary pages in the report.</p> <p>It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p>	
<b>Action required</b>	
For the Executive Management Team to receive and agree the integrated performance report.	

**Links to Board Assurance Framework and key risks**

- This report contains an overview of Trust Risks directly linked to the BAF but does not itself raise any risks.

**Key implications and risks in line with the risk appetite statement where applicable:**

<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	
<b>Reputation</b>	
<b>Other</b>	

**This paper supports the achievement of the following Quality Improvement Plan Workstreams:**

<b>Making the London Ambulance Service a great place to work</b>	<b>YES</b>
<b>Achieving Good Governance</b>	<b>YES</b>
<b>Improving Patient Experience</b>	<b>YES</b>
<b>Improving Environment and Resources</b>	<b>YES</b>
<b>Taking Pride and Responsibility</b>	<b>YES</b>



# London Ambulance Service



NHS Trust

## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

### June 2017

- \* All available data is correct as of the 15th of every month.
- \* Please note that this report relates to performance throughout May 2017 unless otherwise stated.





Delivery of care continues to be safe, but the rising demand pressures on the system continues to remain challenging. Year to date the position is £2.8m ahead of plan. The Trust has a full year outturn plan of a £2.4m deficit which is seen as challenging but achievable.

A8 performance ended at 71.9%. This is above the LAS trajectory of 69.3%. Demand was 5.1% above plan.

Sickness for April 2017 sits at 4.5% a significant improvement on April 2016. Appraisal rates are currently standing at 81%.

## OUR PATIENTS

- ↔ 7 serious incidents were declared in May 2017. This has remained the same when compared to 7 declared in April 2017.
- ↑ The target for minimal breaches for SI completion is on track for achieving in June. With only one report due in June submitted in after the due date. The new process for managing SIs will help to ensure this delivery is sustained going forward.
- ↔ As result of learning from SIs and a Coroner's Inquest, a change in practice for management of ventricular fibrillation has been issued to ensure early defibrillation. (Risk 445, BAF risk 36).
- ↑ The percentage of patients who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes has increased from 67% in March 2017 to 70% in April 2017 against a local trajectory of 65% - this has been a significant improvement for two consecutive months.

## OUR MONEY

- ↔ Plan / Target – Year to date the position is ahead of plan.
- ↔ Demand is currently running at 4.65% ahead of contract baseline for M2, and approximately 3.7% above baseline YTD. This is ahead of the contract variable charge cap that would be in place if Commissioners met demand management targets, and could trigger contract renegotiation if the level of demand is maintained.
- ↔ Year to date CIPs are on plan. Programs have now been finalised and action plans are progressing.
- ↔ Capital is underspent by £3.5m due to timing differences between capital phasing and programmes roll out.
- ↔ Cash is £30.3m, £2.7m above plan. This is due to prepayment of some main contract income.

## OUR PERFORMANCE





- ↓ A8 Performance for May 2017 was 71.9%, this is 2.7% above trajectory. This is the 3<sup>rd</sup> consecutive month where A8 performance has been above trajectory.
- ↑ There were 48,522 category A incidents in May, 12.4% above trajectory. Category C demand saw a 2.1% increase from previous month at 48,217 incidents. Overall demand was at 96,739 incidents, 5.1% above plan.
- ↓ Job Cycle Time for May was 82.3 whilst trajectory was 82.4.
- ↑ Capacity in May was 7.4% above plan, an increase from the previous month by 3% for patient facing vehicle hours.
- ↑ The multiple attendance ratio is below target at 1.28 for May.

## OUR PEOPLE


- ↔ The overall vacancy rate for May 2017 stands at 7.7%, up from 7.1% in April.
- ↑ Total Trust turnover has increased from 9.6% to 9.7% against a threshold of 10%.
- ↓ The 12 month rolling sickness percentage has reduced to 5.1% (April 2017 data). The monthly position for April is 4.5%.

**Call demand for 111 was higher than predicted in May. This presented a challenge to achieving the target of 95% for calls answered in 60 seconds. The Patient Transport Service has seen a 28.2% increase in activity from the previous month.**

## LAS 111 (SOUTH EAST LONDON)

-  111 achieved 95% or more of calls answered in 60 seconds on 14 days and 90-95% on a further 14 days.
-  Referrals to 999 remain consistently low and within target.
-  On Friday 12 May the cyber attack resulted in indirect impact on LAS 111 due to a request for national contingency by another provider which continued through to Monday 15 May.
-  A focus in May has been on commencing work with commissioners for the future development of the Integrated Urgent Care Service for South East London and additional service opportunities in London

## PATIENT TRANSPORT SERVICE

-  4987 journeys were completed in May 2017, an increase from the previous month's total of 3,889 journeys.

## LAS IMPROVEMENT

### Single Oversight Framework

The purpose of the Single Oversight Framework (SOF) is to identify where providers may benefit from, or require, improvement support across a range of areas. The five themes are: Quality of care, Finance and use of resources, Operational performance, Strategic change, and Leadership and improvement capability.

NHSI segment the provider according to the scale of issues faced. It does not give a performance assessment in its own right.

- 1 - Providers with maximum autonomy
- 2 - Providers offered targeted support
- 3 - Providers receiving mandated support for significant concerns
- 4 - Special measures

LAS Current Status	
LAS Shadow Segmentation	4
LAS Breach Status	Breach & Special measures

CQC Overall Rating	Caring	Effective	Responsive	Safe	Well-led
Inadequate	Good	Requires improvement	Requires improvement	Inadequate	Inadequate

# Key Performance Indicator Report Summary



Key Performance Indicator		May-17	Apr-17	Mar-17	Chart
QUALITY	Adverse Incidents (Patient)	↑	↓	↓	
	Adverse Incidents (Staff)	↓	↑	↑	
	Potential Serious Incidents referred to SI Group	↑	↓	↓	
	Serious Incidents (LAS Declared)	↓	↓	↔	
	Serious Incidents (LAS Declared) Overdue	↑	↓	↑	
	Regular Reporting of Incidents - Shared Learning	↔	↔	↔	
	Total Complaints	↑	↓	↑	
	Complaint Acknowledgement 3 days	↔	↔	↔	
	Complaints Response (Over 35 Days)	↑	↔	↔	
	Controlled Drug Incidents - Not reportable to LIN	↑	↓	↑	
	All LIN Reportable Incidents	↔	↔	↓	
	Overall Medication Errors	↑	↓	↔	
	Missing Equipment Incidents	↑	↓	↓	
	Failure of Device/Equipment/Vehicle Incidents	↑	↓	↓	
	CPI - Completion Rate*		↓	↓	

Key Performance Indicator		May-17	Apr-17	Mar-17	Chart
111	Calls answered within 60s	↓	↓	↑	
	Calls abandoned after 30s	↑	↑	↓	
	Percentage of calls referred to 999	↑	↓	↑	

Key Performance Indicator		May-17	Apr-17	Mar-17	Chart
WORKFORCE	Vacancy Rate (Frontline Paramedic)	↔	↓	↑	
	Vacancy Rate (Frontline)	↔	↓	↑	
	Vacancy Rate (Trust)	↑	↑	↔	
	Turnover Rate (Frontline Paramedic)	↑	↓	↑	
	Turnover Rate (Frontline)	↔	↓	↑	
	Turnover Rate (Trust)	↑	↓	↔	
	Sickness (Trust)*		↓	↓	
	Sickness (Frontline)*		↔	↓	

\* These KPIs are reported one month in arrears

KPI Summary  
 These KPIs underpin the integrated performance report. This is a summary of all the KPIs and their related performance for the last 3 months. The RAG status is calculated against targets/trajectories/thresholds where available.  
 The Chart column shows the trend over the previous 3 months | The arrows indicate the direction of KPI compared to previous month

Key Performance Indicator		May-17	Apr-17	Mar-17	Chart
PERFORMANCE	A8 Performance	↓	↑	↑	
	A19	↓	↑	↑	
	R1	↓	↑	↑	
	R2	↓	↑	↑	
	Calls	↑	↓	↑	
	Incidents	↑	↓	↑	
	Cat A Incidents	↑	↓	↑	
	Cat C Incidents	↑	↓	↑	
	Patient Facing Vehicle Hours (PFVH)	↑	↓	↑	
	Full Job Cycle Time	↑	↓	↓	
	Job Cycle Time (JCT)	↓	↓	↓	
	Multiple Attendance Ratio (MAR)	↑	↓	↓	
	EOC - Call Answering Rate	↓	↓	↑	
	EOC - FRU Cat C Share	↑	↓	↑	

Key Performance Indicator		Q1	Q2	Q3
FINANCE	Financial Stability Risk Rating (FSRR)			
	Capital Service Capacity			
	Liquidity Days			
	Access to PDC for Liquidity Support			

Key Performance Indicator		May-17	Apr-17	Mar-17	Chart
FINANCE	Cash Balance - Monthly Profile - £000s				
	Income and Expenditure Deficit by Month - £000s				
	Income and Expenditure Deficit Cumulative - £000s				
	Income Variance from Plan - £000s				
	CIP Delivery Against Plan - £000s				
	CIP Forecast Against Plan - £000s				
	Forecast Capital Spend Against the CRL - £000s				

\*\*Finance KPIS are yet to be agreed and approved for 2017/18



## Executive Summary: Exception Report (Positive)

### Safety

- New governance structure agreed terms of reference membership and work plans. Quality oversight group meet on 19<sup>th</sup> June.
- Independent review of the Trust's Health and Safety arrangements to help highlight areas of good practice as well as identify gaps in compliance with regulatory/statutory requirement, started 12<sup>th</sup> June.
- Health and Safety manual handling action plan developed and monitored by Health and Safety and Deputy Director of Clinical Education – monitored by Health and Safety group.

### Effectiveness

- We have prepared guidance to improve the process and arrangements in relation to driving and fleet-related complaints and enquiries (our third highest complaint subject).
- To encourage a consistent approach across the Trust and promote awareness of the seriousness of the issue. This has been approved by the Head of Driving Standards.

### Caring

- Introduction of patient stories at the board as a standing agenda item – and key learning and action points captured as additional support to patients provided.
- LAS Midwives Communication Card launched (May 2017) to enable midwives across London to use the correct language and terminology when requesting an ambulance

### Actions & Assurance

- Well lead reviews every 3-4 months.
- Effectiveness of committee annual review.
- Independent report with agreed with action plan.
- Monitoring Health and Safety committee from July onwards.

### Actions & Assurance

- Monitoring of complaints specifically related to driving and fleet related complaints.
- Evidence of action from complaints.

### Actions & Assurance

- Actions monitored through patients experience group. Evidence of completion of actions.
- Reduction in related complaints in relation to maternity.

# Executive Summary: Exception Report (Improvement Required)



## Safety

- The Infection Prevention Control compliance rate at March 2017 was >50%, issues with hand held dispensers not being practical and the delay in evaporation of the gel identified.
- Continued identification of issues relating to:
  - Recording of mandatory training
  - ESR accurately recording bank staff training
  - Safeguarding basic life support specific issues reporting
- The Trusts' reporting position is shown to be in the lower quartile for incident reporting nationally. This is due to currently only reporting those incidents recorded as moderate harm or above.
- Manual handling – following a review of manual handling, issues have been identified to staff.

## Effectiveness

- Downward trend in on scene times for critical conditions, STEMI and Stroke with remain under target.
- Gaps in operational availability to complete audits.
- Overall mental health compliance bundle has improved but recording of safeguarding assessments remain under target therefore affecting the overall bundle safeguarding.

## Caring

Nothing for escalation

## Actions & Assurance

- Alternative hand dispenser being sourced. Regular audits, targeted low compliance areas.
- E-learning programme being launched.
- ESR has been reviewed and now more accurate.
- Action plan by Director of People and Organisational Development in relation to statutory and mandatory training is being developed and will be monitored through workforce committee.
- We will report all incidents from April 2017, which is expected to move our position into a higher quartile.
- Evidence of awareness raising to increase reporting generally.

## Actions & Assurance

- Medical Directorate developing actions to address issues.
- Discussion with the Director/Operational teams QGAMS to identify actions and 2-way conversation to ensure feedback loop.
- Poster campaigns relating to mental health.
- Multi-discipline forum have agreed to require safeguarding documentation for all patients to allow for trust wide education programme.
- Consideration of re-design PRF as a pilot for e-PRF, awaiting QAC/QOG.

## Actions & Assurance

# Executive Summary



## Learning from Incidents

Themes identified include:

- Serious Incidents where there was a delay in shocking VF for which a thematic SI report with accompanying action plan to mitigate recurrence.
- Patients left in care of relatives subsequently experiencing a negative outcome. A thematic RCA investigation is underway to establish the root causes and learning.
- Delays and performance issues during shift changeover. This relates to rest break and cultural issues and currently there is evidence of a reduction of related serious incidents (from 3-1).

## Health and Safety

An independent review of the Trust's health and safety arrangements is currently ongoing. The review is being conducted through an independent Health & Safety Consultancy and aims to highlight areas of good practice in the Trust's current H&S arrangements as well as identify gaps in compliance with regulatory/statutory requirements.

### **Health & Safety Incidents:**

540 health and safety incidents were reported between 01/05/2017 and 31/05/2017. 193 of the reported incidents on Datix have been investigated and closed.

7 incidents were reported to the Health & Safety Executive between 01/05/2017 and 31/05/2017. All the incidents were reported as over 7-day injuries in compliance with RIDDOR regulations.

The themes from these reports relate to the manual handling, slips, trips and falls. Manual handling training across the trust is being completed lead by the head of Health and Safety.

## Quality Improvement Programme

- The CQC report has now been provided for factual accuracy and checks have been made and the report returned.
- The Quality summit will take place on 29<sup>th</sup> June, currently taking forward a gap analysis KLOE underway, with the focus on well lead and safe. implementation plan will be developed following the gap analysis cross referenced to the business plan and CWC specific actions.

## CQUINs Progress.

To be reported in quarter 2.

## Safety



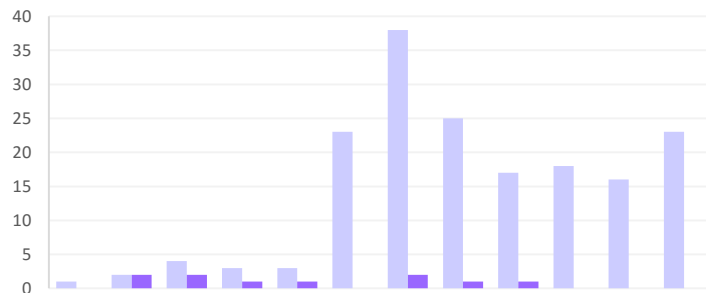
Measures	Target	RAG	Movement	Mar-17	Apr-17	May-17	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
Hand Hygiene (Self-audit directly observed)	90%	G	↔	97%					LQ16	✓	
Rate of Patient related Adverse Events per 1,000 Incidents	2.2 to 3.6	G	↑	3.2	2.8	2.9					
Rate of Staff related Adverse Events per 1,000 Incidents	2.6 to 3.5	G	↓	3.5	3.7	2.7					
Controlled Drugs - Non LIN Reportable Incidents	0	G	↑	18	16	23					
Controlled Drugs - LIN Reportable Incidents	0	G	↔	0	0	0					
Percentage of Incidents reported within 4 days of incident occurring	85%	G	↔	94%	95%	95%					
Percentage of Serious Incidents (SI) reported on STEIS within 48 hours of being declared in-month	90%	G	↔	100%	100%	100%			LQ20		
Potential Serious Incidents referred to SI Group			↑	32	29	46					
Serious Incidents declared in-month			↓	10	10	7					
Serious Incidents breaching 60 days	0	R	↑	13	7	9					
Serious Incidents breaching 40 days	0	R	↓	13	11	5					
Duty of Candour % Compliance (Moderate Harm Incidents)	100%	G	↔		100%	100%					
Medication Errors as % of Patient Adverse Events	0%	G	↑	5%	2%	6%					
Needle Stick Injuries as % of Staff Adverse Events	0%	G	↓	1%	1%	0%					
Never Events	0	G	↔	0	0	0					
Local Never Event : Patient falling from trolley through transfer as % of incidents	0	G	↔	0%	0%	0%					
Total Prevent Future Deaths In-Month	0	G	↔	0	1	1			LQ25	✓	
Total Inquests where LAS asked to give evidence - In-Month			↑	3	4	6					
Total Inquests where LAS asked to give evidence - Year to Date			↑	-	4	10					
Percentage of Missing Equipment Incidents of all reported incidents			↑	4%	3%	3%					
Percentage of Failure of Device/Equipment/Vehicle Incidents of all reported incidents			↑	11%	10%	12%					
Number of NRLS uploads In-Month	1	G	↑	1	1	2			LQ21		

# Medicines Management

Owner: Timothy Edwards | Exec Lead: Dr. Fenella Wrigley



Controlled Drugs Incidents



	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Non LIN Reportable	1	2	4	3	3	23	38	25	17	18	16	23
LIN Reportable	0	2	2	1	1	0	2	1	1	0	0	0

## Summary

- During May 2017 there were zero LIN reportable incidents. This is reflective of the previous two months. And a significant improvement compared to the previous financial quarter.
- A contributory factor could be that oramorph has been removed from circulation across two sectors.
- The majority of the non-LIN reportable incidents were related to incomplete Controlled Drugs (CD) record keeping, for example forgetting to sign in the register.
- The remaining incidents were regarding broken vials, which have all been accounted for.

## Actions

- There was a significant increase in non-LIN reportable incidents during May 2017 and mostly confined to the North-East sector. The sector manager has been contacted and is investigating all incidents under due process.
- The Quality Governance and Assurance Manager for the North East has requested all managers send formal letters to staff when incidents occur to remind them of their legal responsibilities with regards to controlled drugs.
- Investigations into the previous oramorph incidents from January and February 2017 are ongoing – and the Trust Pharmacist is in regular contact with the Metropolitan Police and the Quality Governance and Assurance Managers to ensure that all the required information is gathered and actioned accordingly.

## Assurance

- The medicines management Datix incidents are continuously monitored for key themes and issues by the Trust medication safety officer.
- When incidents are reviewed – further recommendations are given to the relevant sector managers.
- The theme of ‘broken vials’ is also reviewed to check for patterns, and currently there are no concerns.
- The Trust is progressing well with the ‘secure drug rooms project’. This project will help to deter and investigate controlled drugs and other related medicines management issues in the future. The Trust Pharmacist is a stakeholder in this project.
- The Trust pharmacist is reviewing the transit of controlled drugs from main station to satellite and is working in collaboration with other stakeholders in logistics to implement a secure solution.



# Effectiveness (Clinical Measures)

Owner: Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley



Measures	Target	RAG	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	29%	G	27%	31%	27%	34%	36%		↑			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	G	46%	48%	60%	59%	64%		↑			LQ1b		
STEMI to PPCI within 150 minutes (AQI)	92%	R	91%	80%					↔			LQ2b		
STEMI care bundle (AQI)	74%	R	74%	73%	75%	71%	70%		↑			LQ2c		
Stroke to HASU within 60 minutes (AQI)	65%	G	58%	57%	60%	67%	70%		↑			LQ3a		
Stroke Care Bundle (AQI)	98%	R	95%	97%	97%	98%	97%		↑			LQ3b		
Stroke on scene time (CARU continual audit)			00:38	00:37	00:35	00:34	00:34		↑					
Survival to Discharge (AQI)			7%	7%					↔					
Survival to Discharge UTSTEIN (AQI)			20%	15%					↔					
STEMI- On scene duration (CARU continual audit)	00:30	R	00:43	00:45	00:43	00:42	00:41		↑					
CPI - Completion Rate (percentage of CPI audits undertaken)	95%	R	78%	85%	91%	89%	87%		↑		✓	LQ12	✓	
CPI - Percentage of Staff receiving Feedback YTD							0%		↑			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	98%	98%	98%	97%	98%		↑		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	97%	97%	97%	97%	97%		↑		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	R	91%	91%	90%	91%	92%		↑		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	97%	97%	97%	97%	97%		↑		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	95%		95%		96%		↑		✓	LQ12		
Documented Care - Glycaemic Emergencies Compliance (CPI audit)	95%	G		97%		97%			↔			LQ12		
Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training	95%	G	10%	29%	55%	89%	100%		↓			LQ11	✓	

## Actions

- To address poor compliance with the Mental Health CPI, CARU are reviewing how the Service measures the safeguarding aspect of care as the current way may not be reflective of practice.

## Assurance

- Reductions in CPI compliance: CARU liaised with stations concerned and found decreases were due to vacant Team Leader positions, some stations not having any staff on alternative duties, and operational pressures. Further assurance is needed from the Trust regarding how vacancies will be covered.
- All the above measures have been communicated widely across the Trust and to complexes via our monthly reports for discussion at the appropriate local forums

## Caring

Owner: Briony Sloper | Exec Lead: Dr. Trisha Bain



Measures	Target	RAG	Mar-17	Apr-17	May-17	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Friends and Family Test Recommending LAS as % of total responses	94%	G	94%	90%	96%	↑			LQ27	
Friends and Family Test Response Rate			2.7	4.2	2.6	↓			LQ28	
Complaints Acknowledged within 3 working days	1	G	100%	100%	100%	↔			LQ29a	
Complaints Response (35 working day breach) YTD	0	R	4	4	5	↑			LQ29b	
Rate of Complaints per 1,000 Incidents			1.1	0.7	0.7	↓			LQ29c	
Positive Feedback Compliments			110	98	91	↔			LQ29e	
Safeguarding Referrals as % of total LAS attended incidents			2.1%	2.1%	2.0%	↓				
Safeguarding Training (Level One)	90%	G	73.1%	75.7%		↑				
Safeguarding Training (Level Two)	90%	G	71.4%	74.7%		↑				
Safeguarding Training (Specific - Trust Board)	90%	G	12.5%	13.6%		↑				
Safeguarding Training (Specific - Bank)	90%	G				↔				
Safeguarding Training (Specific - Operational)	90%	G	75.5%	78.3%		↑				
Mental Health related calls as percentage of all calls			8.2%	8.5%	8.2%	↓				
Mental Health related MPS calls as percentage of all calls			2.2%	2.3%	2.2%	↓				
Mental Health related Incidents as percentage of all calls			6.0%	6.1%	5.7%	↓				
Mental Health related HCP Incidents as percentage of all calls			0.5%	0.5%	0.4%	↓				
Rate of Frequent Callers per 1,000 Calls			540	484	402	↓				
CMC records viewed			10	4	7	↑			LQ30	

Actions

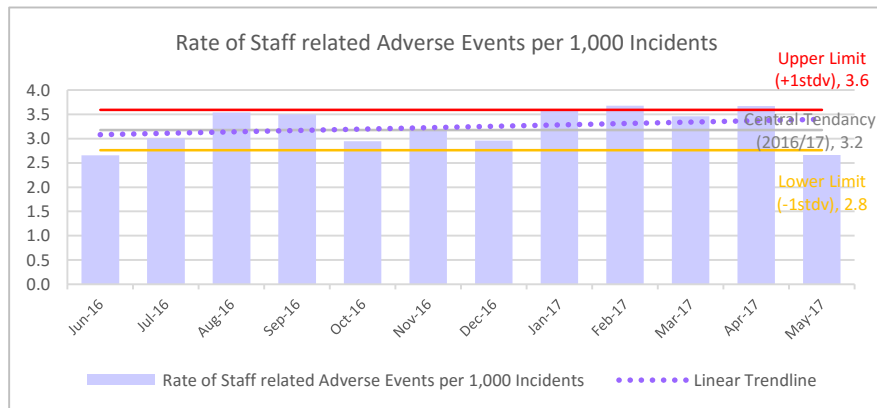
- Ensure all patient involvement methodologies being applied are detailed in the PPI annual work plan.
- Patient stories to be a standing agenda item – and key learning and action points captured.
- A revised frequent caller database in development to provide timely, accurate reports and an MDT review in June to review roles and responsibilities and care plans being captured.
- Second pathway exercise planned in the CMC to access revised pathway and agree communication strategy and additional teaching with EOC.
- Complaints response times have been affected this month by challenges with Datix in April 2017 resulting in a backlog.

Assurance

- Patient involvement annual
- Action plan with detailed programme of work monitored through PPI committee.
- July 2017 single source of frequent caller data to be utilised across the organization.
- MH committee overseeing dashboard developments
- EOL steering group leading CMC process and reviewing and updating risk register.

# Staff Safety

Owner: Ayodeji Adeyemi | Exec Lead: Dr. Trisha Bain



## RIDDOR

The RIDDOR incidents reported in April and May 2017 were all reported as over 7-day injuries to the Health & Safety Executive. 4 of the incidents reported has been investigated and closed, whilst 3 remain outstanding and are under investigation.

## Health & Safety Incidents by Result

	Near Miss	No Harm	Harm
Member of LAS staff (including Bank Staff)	95	127	273
Visitors, contractors or the public	4	13	2
The Trust	11	13	2

RIDDOR Incidents	Apr-17	May-17
RIDDOR reportable incidents	4	3

Trust incidents (non-patient related)	Apr-17	May-17
Incidents involving staff/contractors	270	225
Incidents affecting Trust	14	12
Incidents affecting visitors/public	5	14

Top 5 Incidents affecting staff by Sub-category	Apr-17	May-17
Security - violence, aggression and abuse – Other	27	29
Manual handling injury - lifting patient	21	27
Verbal abuse	26	16
Exposure to bodily fluids	21	19
General assault	19	20

## CAS Alerts

	Apr – 17	May – 17
Total alerts received	6	11
Total alerts relevant to LAS	0	1
Total under assessment	0	0
Total relevant alerts outstanding	0	0
Alerts acknowledged within 2 days	5	8

## Top 5 Health & Safety Incidents by Sub-category in Q1

	Total
Failure of device / equipment	86
Other vehicle defect	76
Security - violence, aggression and abuse - Other	57
Manual handling injury - lifting patient	48
Non-medical equipment	44

### Actions:

Independent review of the Trust's health and safety arrangements to help highlight areas of good practice as well as identify gaps in compliance with regulatory/statutory requirements. Review to inform departmental work plan for 2017/18.

Health, Safety & Security Team to review process for RIDDOR reporting across the Trust. Department to develop process for validating incidents reported as well as supporting managers with investigations. This is to ensure data integrity as well as the prompt reporting of incidents to external regulatory bodies.

### Assurance:

Monitoring via Health and Safety Committee and RIDDOR reports. Manual handling: See escalation page.

# Learning from Complaints

Owner: Gary Bassett | Exec Lead: Dr. Trisha Bain



## Top 5 Key complaint themes June 2016 to May 2017

Complaints by subject 2015/17	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Delay	31	45	20	35	29	37	19	36	16	27	21	17	333
Conduct	25	15	18	16	25	22	15	26	27	36	16	19	260
Road handling	8	9	3	14	11	8	8	7	9	16	12	11	116
Treatment	2	7	3	8	14	6	1	3	3	5	1	2	55
Non-conveyance	7	1	3	0	4	1	1	1	3	4	3	0	28
Total these subjects	73	77	47	73	83	74	44	73	58	88	53	49	792
Overall totals	83	87	63	89	90	103	58	90	74	105	66	70	978

## Actions

- Of the 70 complaints received during May 2017, 37 remain under investigation. Of those closed, one has been upheld, 4 partially upheld and 18 not upheld.
- Of the remainder, they have either been referred to another agency or related to HR issues etc.
- During April/May, 14 cases exceeded the 35 working day target. This is in part related to the IT issues experienced during April when Datix was not fully functioning.
- To date only 3 feedback leaflets have been received, 2 of these are positive about the complaint response.
- One file was requested by the Ombudsman during May and two cases were returned. The reports for the latter informed the complainant that their complaint was not upheld.
- Currently a total of 74 complaints remain open. Six cases are also related to a Serious Incident investigation.
- Currently an average of 360 PALS enquiries per month are managed by the department.

## Complaint case examples

### Example one

Complaint from patient that the attending staff did not appear to understand her MH issues and she heard them inform the hospital she had threatened them with scissors which she denied.

We concluded that the crew may have been distracted, given the circumstances. Whilst we do not condone derogatory language, especially as this risk can cause an unpredictable situation to escalate, this can be explained as a reaction to a potentially volatile situation and the need to immediately be assertive in order to disarm the patient. The member of staff concerned was quite clear that she did not mean to seem unkind and had the welfare of the patient in mind, even though the sudden incident with the scissors scared her.

### Example two

Complaint that the attending staff were dismissive of the patient's sickle cell crisis symptoms.

We explained that the patient should have been offered a carry chair and/or trolley bed to the ambulance and should have been conveyed to their usual treatment centre. It was also unclear whether the extent of the patient's symptoms had been explored. The staff will be undertaking a reflective practice exercise on the treatment of sickle cell patients.

## Assurance and learning

- We have prepared guidance to improve the process and arrangements in relation to driving and fleet-related complaints and enquiries (our third highest complaint subject), with an underlying objective to encourage a consistent approach across the Trust and promote awareness of the seriousness of the issue. This has been approved by the Head of Driving Standards.
- We are developing a working group to examine the way in which lost property enquiries are currently managed (approximately 50 per month). This will include station administrators and the possible expansion of Datixweb to improve audit and outcomes of such enquiries.

# Our Performance



Section	Key Headlines	May	Apr	Mar
<b>A8 Performance</b>	A8 Performance for May 2017 was 71.9%. this is 2.7% above trajectory. This is the 3 <sup>rd</sup> consecutive month where A8 performance has been above trajectory.			
<b>Other Performance</b>	A19 performance was at 95% in May 2017. There were decreases in performance C1 to C4 during May 2017. National Benchmarking shows LAS at top position for R1, R2 & A19 performance.			
<b>Demand</b>	There were 48,522 Category A incidents in May, this was 12.4% above trajectory. Category C demand saw a 2.1% increase from previous month at 48,217 incidents. Overall demand was at 96,739 incidents, this was 5.1% above plan.			
<b>Capacity</b>	The patient facing vehicle hours (PFVH) deployed during May was 7.4% above plan, an increase from the previous month by 3%. Overtime vehicle hours were 20.5% above trajectory.			
<b>Efficiency</b>	Job Cycle Time (JCT) for May 2017 was 82.3 minutes whilst trajectory was 82.4. This was a decrease of 0.6 minutes compared to May 2017. The multiple attendance ratio was 1.28 which is below the target of 1.29.			
<b>EOC – Call Answering</b>	The 5 Second Call Answering for May was at 92.7%.			
<b>EOC – FRU Cat C Share</b>	FRU share of Cat C for May was 7.95%.			
<b>Resource Escalation Action Plan (REAP)</b>	In line with the National Ambulance Resilience Unit recommendations, our REAP identifies the level of pressure the Service is under at any given time, and gives a range of options to deal with the situation. Four levels of escalation are used, which aim to help ambulance services integrate into the wider NHS surge or escalation framework. These levels are used to determine what actions are necessary to protect service delivery and supply the best possible level of service to patients with the resources available.  For the majority of May, the REAP score was sitting at level 2.			



## Ambulance Quality Indicators (AQI) Update – April 2017

The AQIs for April 2017 were published on 8th June 2017. The list of AQIs detailed below make up part of the Ambulance System Indicators. These indicators enable comparison between the 11 Ambulance Trusts across England.

The table below details 7 of these indicators with the description and LAS performance.

Please Note: Due to the Ambulance Response Programme for Category A measures the Yorkshire, West Midlands and South Western Ambulance Trusts are only included in the first two measures in the table below (Ranking Position).

Source: NHS ENGLAND			Performance in Month Last 3 months			Ranking Position			
AQI Indicator Description SYSTEM INDICATORS	Units	Target	APR	MAR	FEB	Ranked out of	APR	MAR	FEB
The time taken to answer 95% of 999 calls in the emergency control room	(secs)	5 secs	2	2	2	11	1	2	2
The percentage of callers who have hung up before their call was answered in the emergency control room	%		0.7%	0.3%	0.1%	11	6	2	1
The percentage of Category A Red 1 (most time critical) calls reached within 8 minutes	%	75%	79.2%	74.9%	71.7%	8	1	2	3
The percentage of Category A Red 2 (serious but less immediately time critical) calls reached within 8 minutes	%	75%	73.6%	73.6%	67.7%	8	3	1	2
The time taken to reach 95% of Category A (Red 1) calls	(mins)		11.5	12.5	12.4	8	1	1	1
The percentage of Category A calls reached within 19 minutes	%	95%	95.5%	95.4%	93.3%	8	2	1	2
The time taken to arrive at the scene of 95% Category A (Immediately Life Threatening) calls	(mins)		16.4	16.7	19.7	8	2	2	3

Latest Publication : 8th June 2017 (Apr-17 data)  
Date of next publication : 13th July 2017



## Ambulance Quality Indicators (AQI) Update – January 2017

The AQIs for January 2017 were published on 8th June 2017. The list of AQIs detailed below make up part of the Ambulance System Indicators. These indicators enable comparison between the 11 Ambulance Trusts across England.

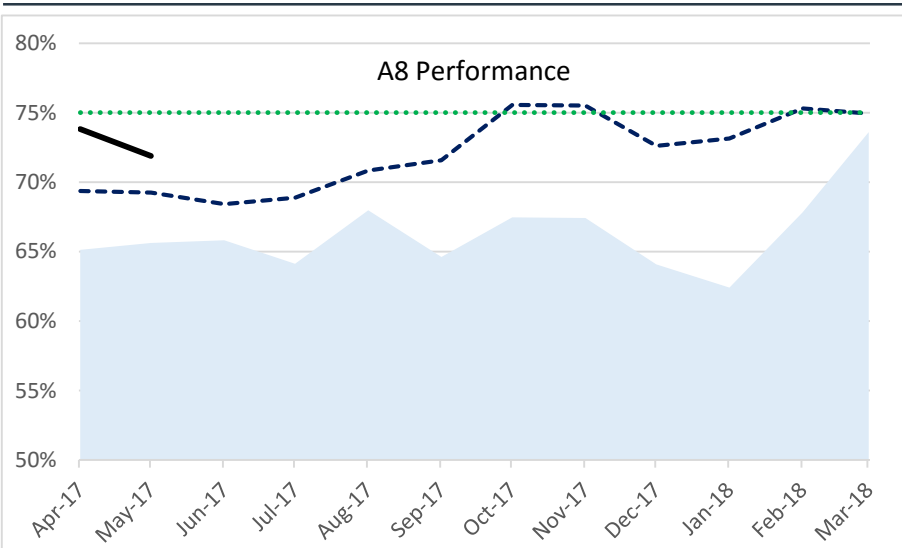
The table below details 7 of these indicators with the description and LAS performance.

Source: NHS ENGLAND			Performance in Month Last 3 months			Ranking Position		
AQI Indicator Description CLINICAL OUTCOMES	Units	Target	JAN	DEC	NOV	JAN	DEC	NOV
Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall)	%	27%	31.0%	27.7%	28.3%	2	5	4
Return of spontaneous circulation (ROSC) at time of arrival at hospital (Utstein Comparator Group)	%	55%	48.4%	46.2%	58.3%	7	5	4
Percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and receive angioplasty within 150 minutes of call	%		80.2%	90.9%	88.2%	7	4	7
Percentage of patients suffering a STEMI who receive an appropriate care bundle	%	74%	73.0%	73.7%	72.5%	8	9	8
Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call	%	65%	57.7%	58.4%	61.9%	3	3	3
Percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.	%	98%	96.9%	95.2%	96.4%	8	11	8
Survival to discharge – Overall survival rate	%		7.0%	6.6%	7.6%	6	6	6
Survival to discharge – Utstein Comparator Group survival rate	%		15.3%	20.0%	27.9%	9	8	4

Latest Publication : 8th June 2017 (Jan-17 data)  
Date of next publication : 13th July 2017



# A8 Performance

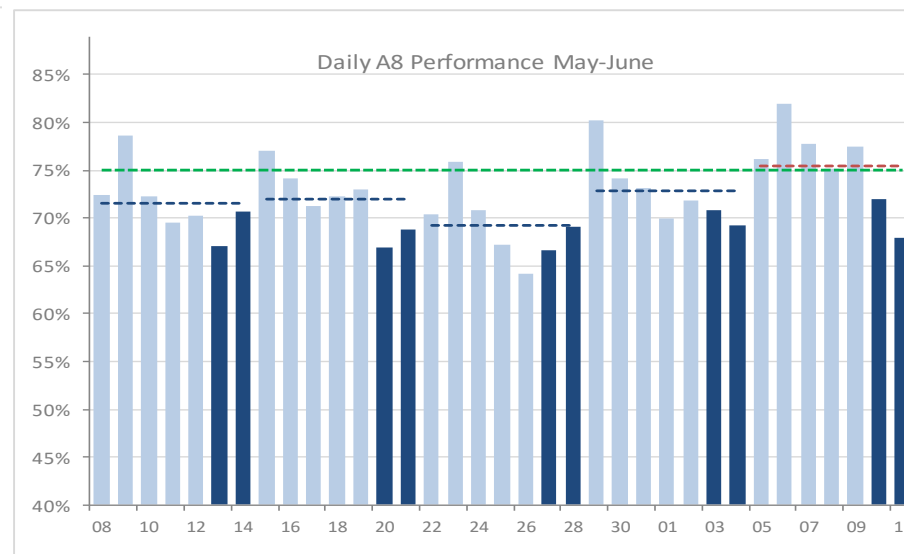
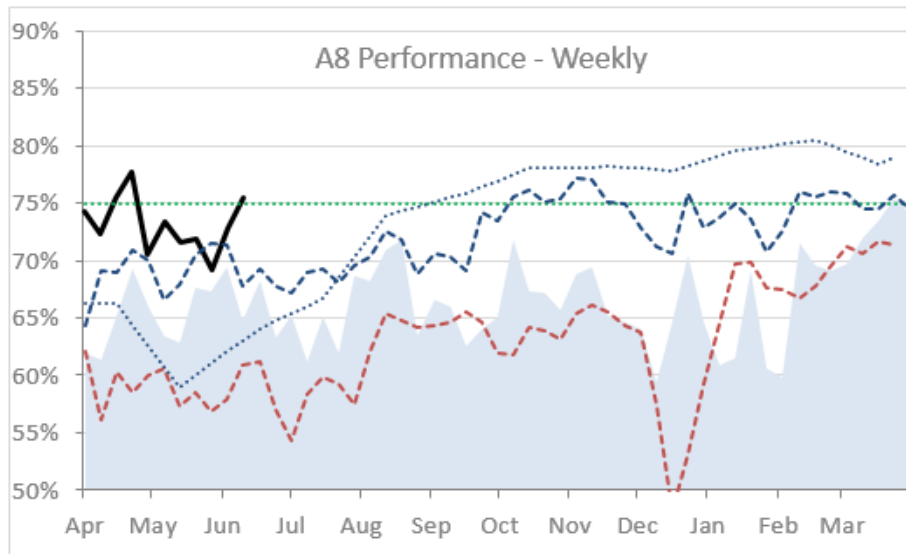


A8 Performance for May 2017 was 71.9%, this is 2.7% above trajectory and 6.3% up on May 2016 performance. The figure for May 2016 was 65.6%.

The following factors have contributed to May's Cat A performance:

- **Demand** – Overall the number of incidents 5.1% above plan. Cat A was 12.4% above trajectory, Cat C 1.4% above plan.
- **Capacity** – Overall patient facing vehicle hours was 7.4% above plan, a 3% increase from previous month and 3.9% higher than May 2016.
- **Efficiency** - Average job cycle time in May was 82.3 whilst trajectory was 82.4. A decrease by 0.6 minutes from last month and MAR was 1.28. Full JCT was 105.5 whilst trajectory was 104.2.

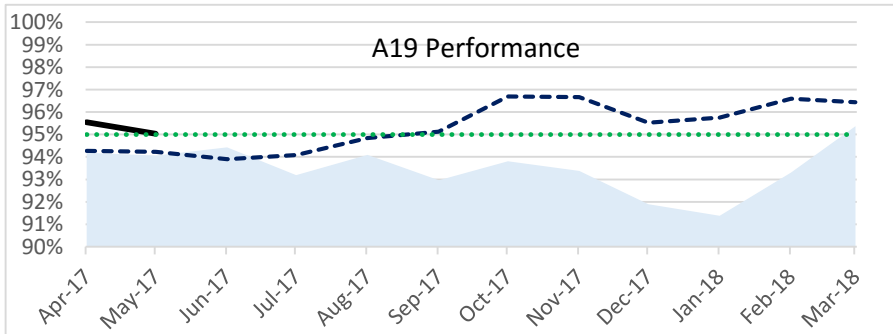
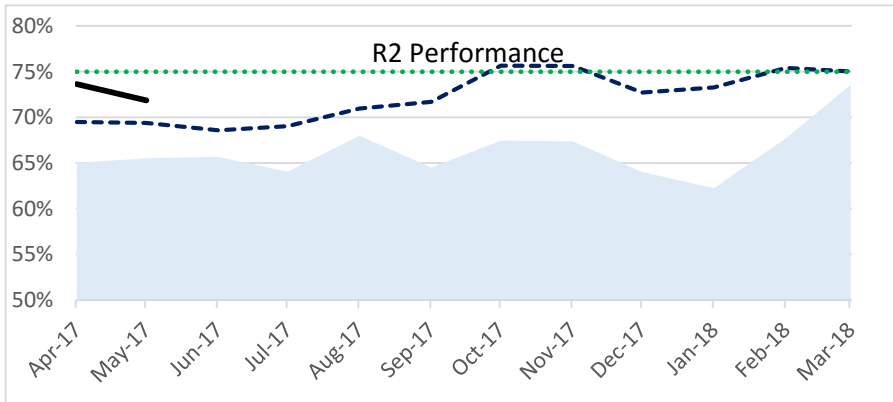
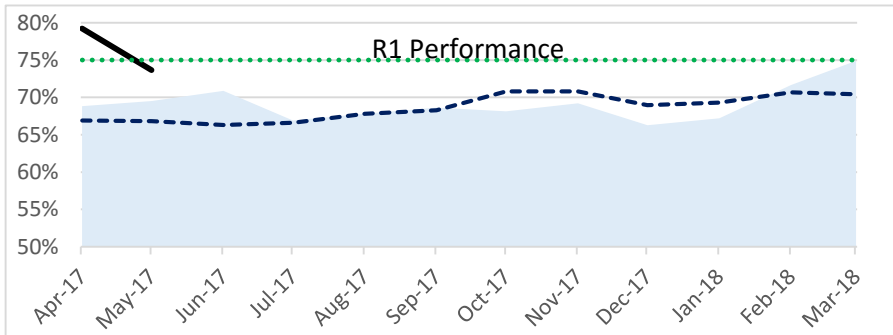
■ 16/17 actual data  
— 17/18 actual data  
- - - Trajectory  
⋯ National target







# Other Performance



A19 performance in May decreased by 0.5% compared to last month.

- Red 1 was 73.7% - 6.8% above trajectory
- Red 2 was 71.8% - 3.5% above trajectory
- A19 was 95% - 0.8% above trajectory

C1 to C4 performance saw decreases in May when compared to April however contracted targets were still met.

The contracted target for Cat C performance for 2017/18 are:

- C1 performance - 50% within 45 minutes.
- C2, C3 and C4 performance – 50% within 60 minutes.

■ 16/17 actual data  
— 17/18 actual data  
- - - Trajectory  
⋯ National target

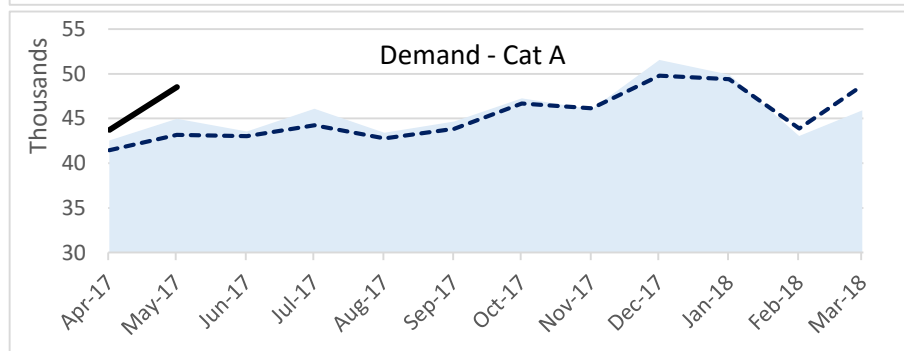
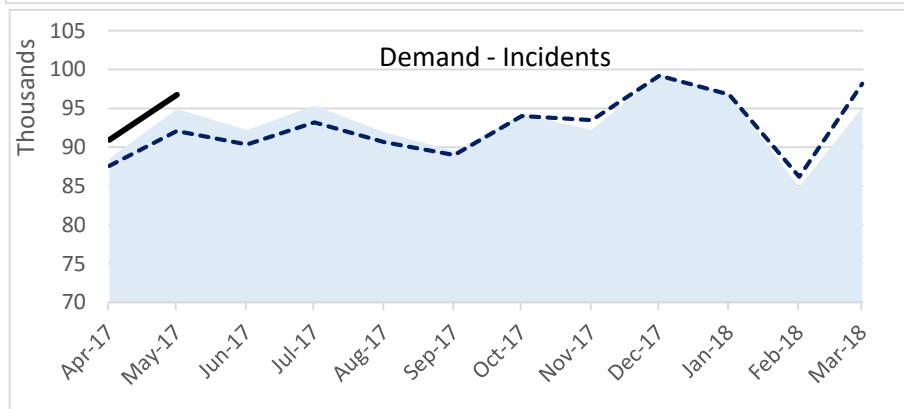
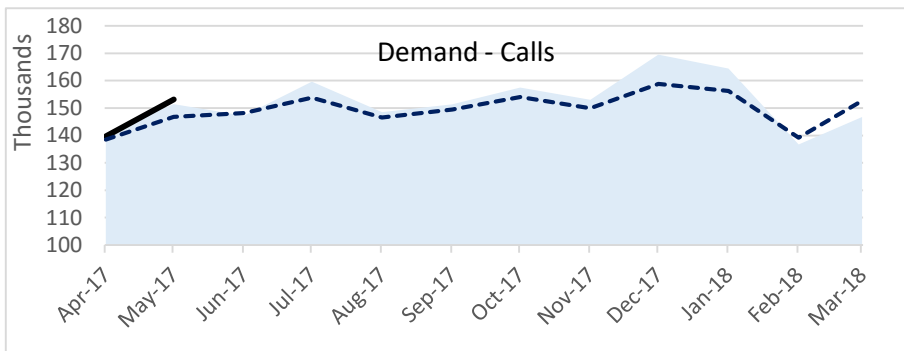
Weekending	A8	A19	R1	R2	C1	C2	C3	C4
------------	----	-----	----	----	----	----	----	----

14-May	71.5	94.4	73.1	71.5	75.9	81.7	79.7	62.2
21-May	71.9	95.3	72.6	71.9	79.0	82.1	80.9	61.9
28-May	69.2	94.5	70.5	69.1	74.8	78.0	77.9	56.8
04-Jun	72.8	95.9	77.7	72.6	79.4	83.6	82.9	64.4
11-Jun	75.4	96.4	80.2	75.2	84.2	89.6	87.6	70.2

Mar-17	73.6	95.4	74.9	73.6	82.5	86.4	84.9	66.9
Apr-17	73.8	95.5	79.2	73.6	81.6	85.6	85.8	68.3
May-17	71.9	95.0	73.7	71.8	77.1	82.2	81.6	62.5



# Demand



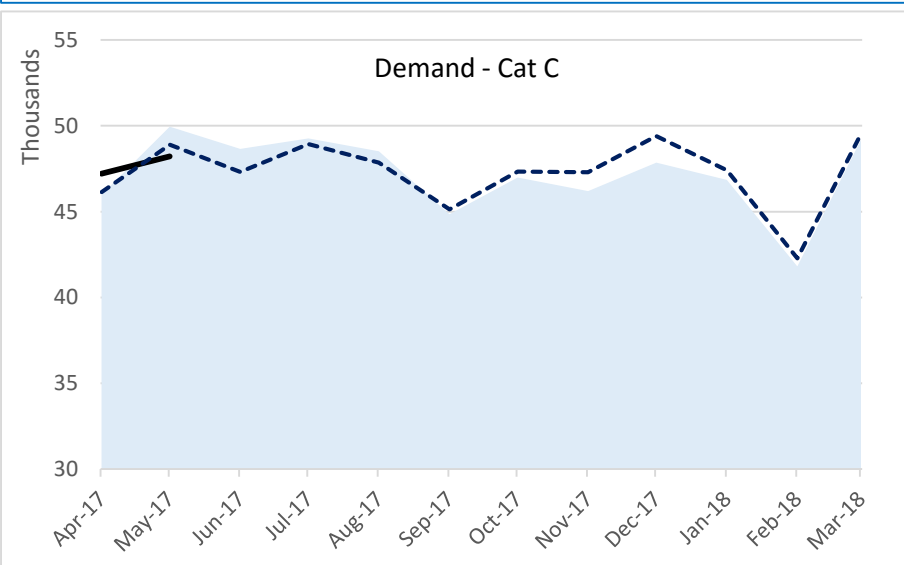
Overall demand for May 2017 was at 96,739 incidents, this is 5.1% above plan, a 6.4% increase from last month. May 2016 was at 94,917 incidents.

Cat A demand was 12.4% above trajectory and saw a 10.9% increase from last month.

May's Category C incidents 1.4% above plan. Increased by 2.1% from the previous month and was 3.5% lower than May 2016's incidents.

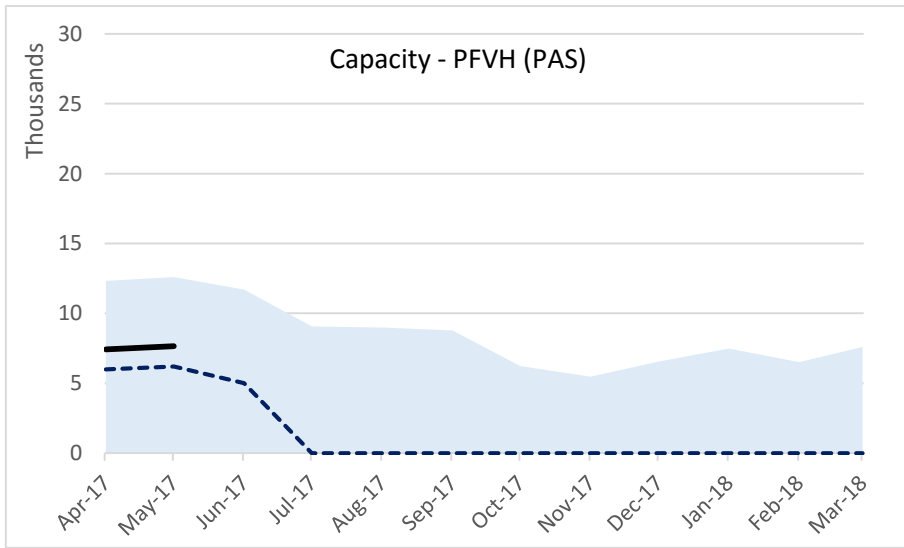
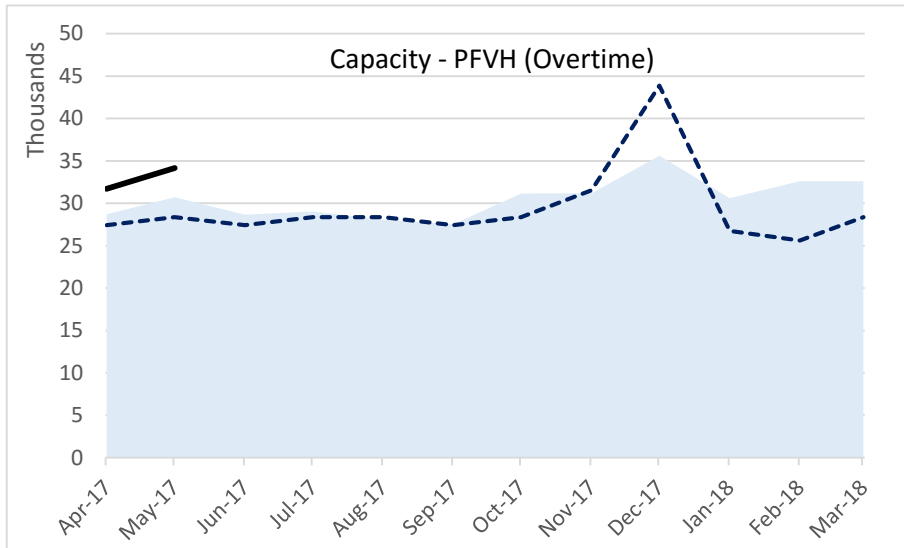
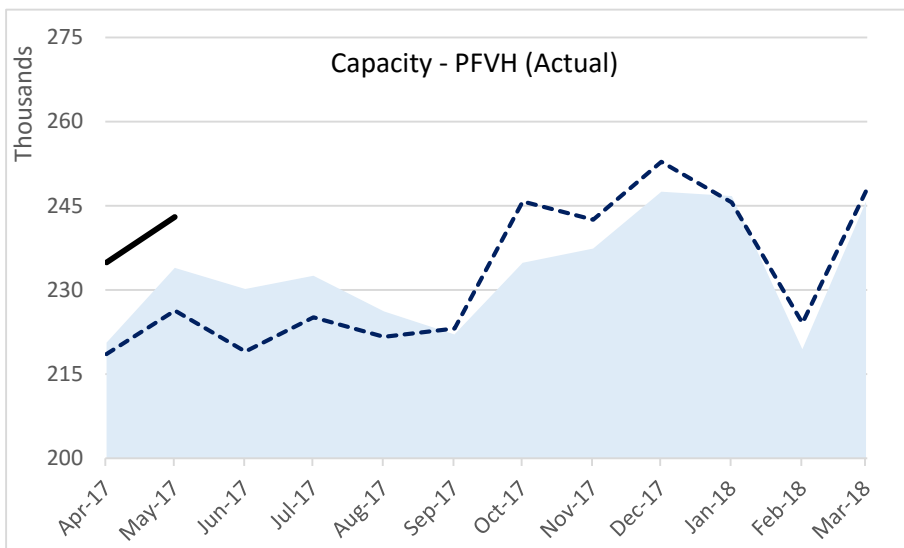
Call volumes were 4.3% above trajectory and 9.6% higher than the previous month.

■ 16/17 actual data  
— 17/18 actual data  
- - - Trajectory





# Capacity



The Patient Facing Vehicle hours deployed in May were 227,499. This was 7.4% above plan and 4% above May 2016.

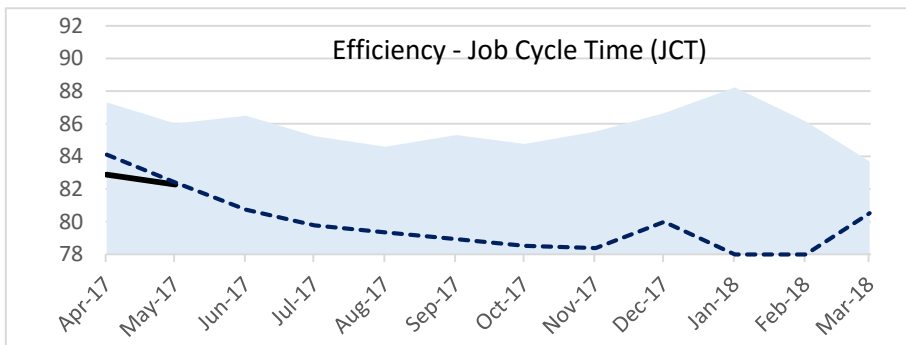
Overtime vehicle hours were 20.5% above trajectory at 34,136 hours for May 2017, a 7.7% increase from the previous month.

PAS/VAS hours for May 2017 increased by 3% from the previous month and 39.3% below May 2016.

■ 16/17 actual data  
— 17/18 actual data  
- - - Trajectory



# Efficiency



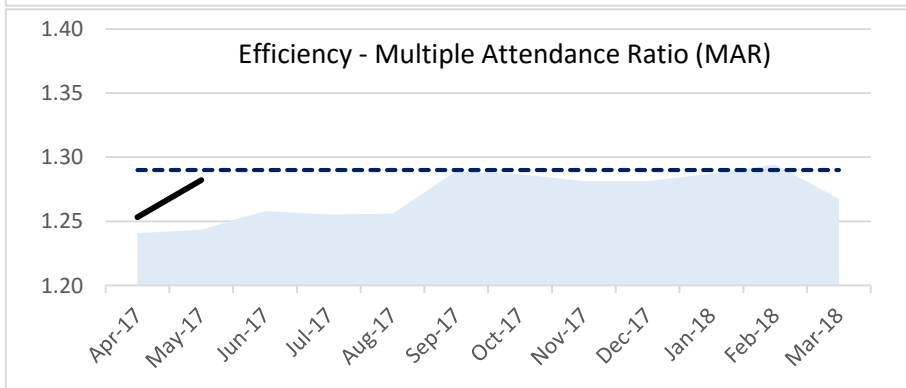
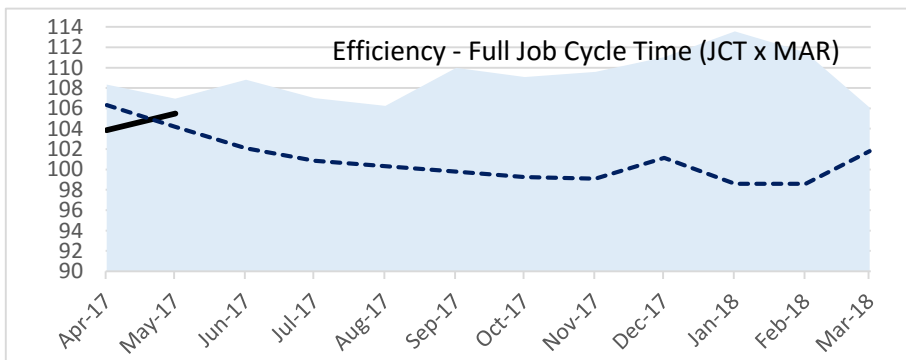
There is a requirement to reduce JCT from 85 minutes to 78 minutes in 2017/18.

Job Cycle Time for May was 82.3 whilst the trajectory was 82.4. This was a decrease of 0.6 minutes from the previous month, however 4.3 minutes lower than May last year.

Full Job Cycle (JCT x MAR) was 105.5 minutes against a trajectory of 104.2. This is also better than May last year by 2.5 minutes.

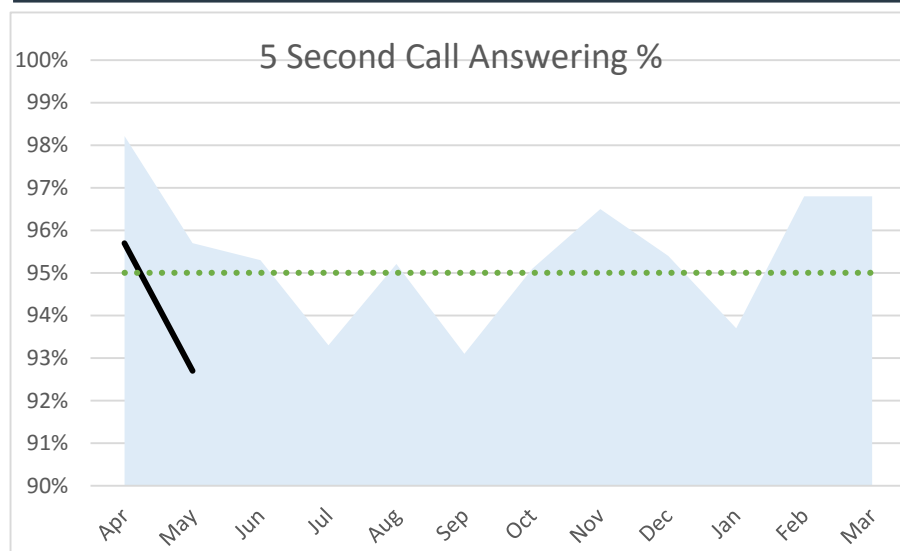
There are two 1 day workshops to be held in June to assist with improving JCT.

The Multiple Attendance Ratio (MAR) was below target for May at 1.28.





# Emergency Operations Centre (EOC)

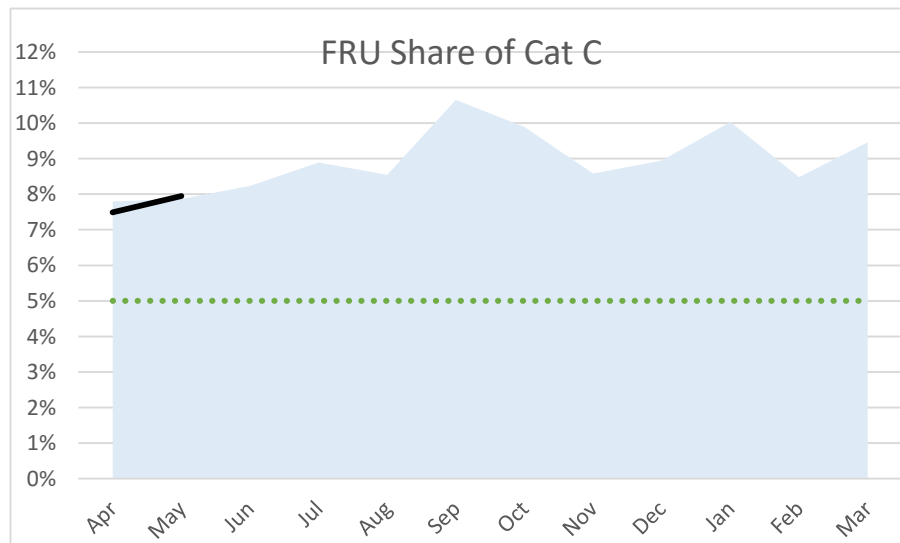


5 Second Call Answering for May 2017 was at 92.7%. This is the first time this has been below target since January 2017.

When compared to the 11 Ambulance Services across England, the London Ambulance Service ranks first in answering 95% of all 999 calls within 5 seconds.

FRU share of Cat C for May was 7.95% which is above the 5% target. This was an increase of 0.5% from the previous month.

■ 16/17 actual data  
— 17/18 actual data  
⋯ Target

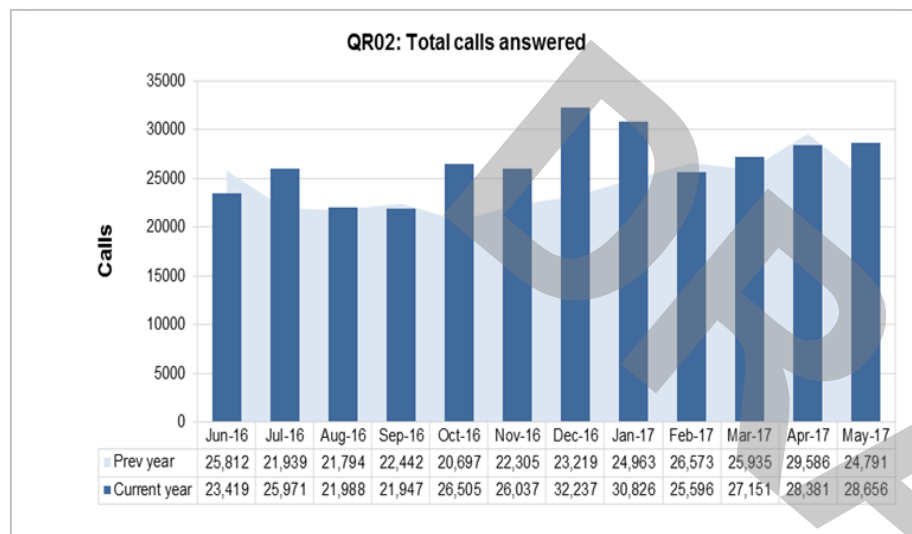


Month	5 Second Call Answering %	
	2016-17	2017-18
Apr	98.21%	95.70%
May	95.70%	92.70%
Jun	95.30%	
Jul	93.30%	
Aug	95.21%	
Sep	93.10%	
Oct	95.10%	
Nov	96.50%	
Dec	95.40%	
Jan	93.70%	
Feb	96.80%	
Mar	96.80%	

Month	FRU Share of Cat C	
	2016-17	2017-18
Apr	7.80%	7.49%
May	7.87%	7.95%
Jun	8.23%	
Jul	8.89%	
Aug	8.54%	
Sep	10.65%	
Oct	9.89%	
Nov	8.58%	
Dec	8.95%	
Jan	10.03%	
Feb	8.48%	
Mar	9.46%	



# LAS 111 (South East London) – Demand and Capacity



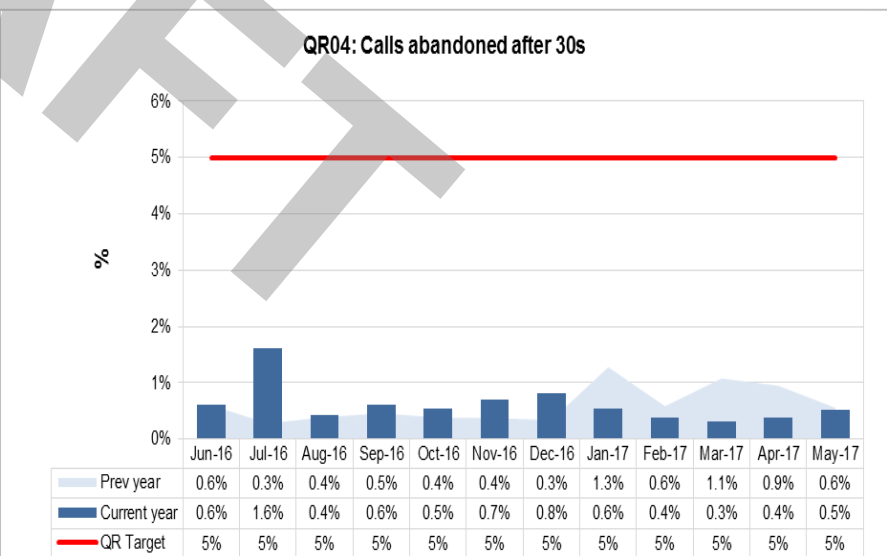
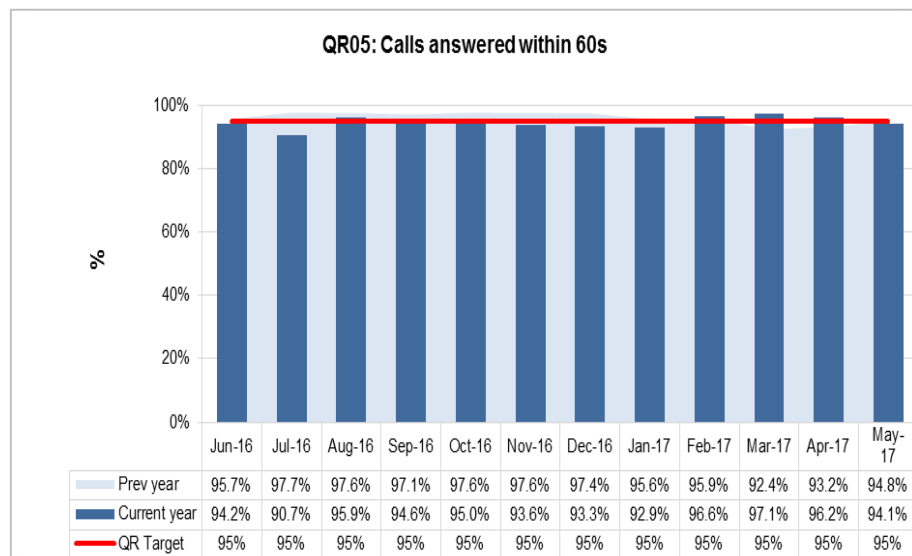
**Demand:** Call volumes were higher than for May 2016 by 8.1%. The planned increase was 5% however on weekdays this increased by up to an additional 7% whilst weekends were more stable

**Capacity:** Induction commenced in early May to increase the Clinical Advisor establishment fill. Current vacancy factor for clinical Advisors is 14.3WTE (52%). Established agency workforce in place to mitigate risk however the changes to IR35 rules increase the risk to service delivery

**Efficiency:** The percentage of calls answered in 60 seconds was 94.1% in May with the target achieved on 14 days.

The operational focus has been on balancing access to the service and minimizing time to clinical call back and saw an increase in call backs achieved within 10 minutes. .

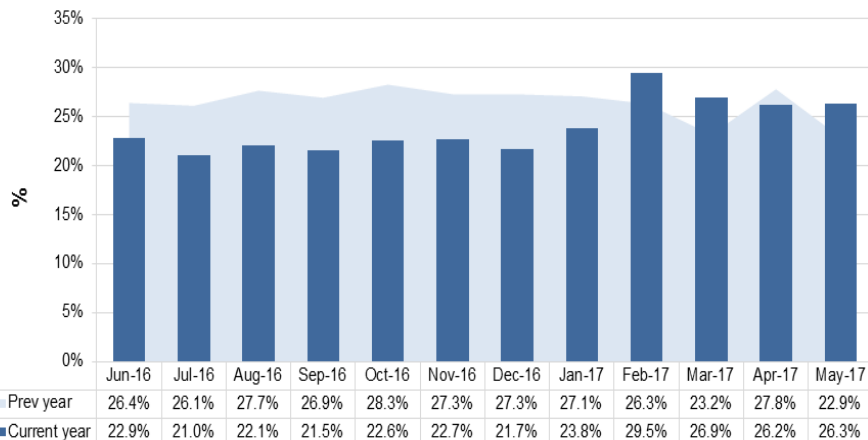
**Service Projects:** The service focus throughout May has been on working with commissioners to develop the 111/IUC Service for South East London, Winter Pilots to support HCPs and reduce demand on 999 and Emergency Departments.





# LAS 111 (South East London) – Call Destinations

QR12a: % of calls referred to a clinical advisor

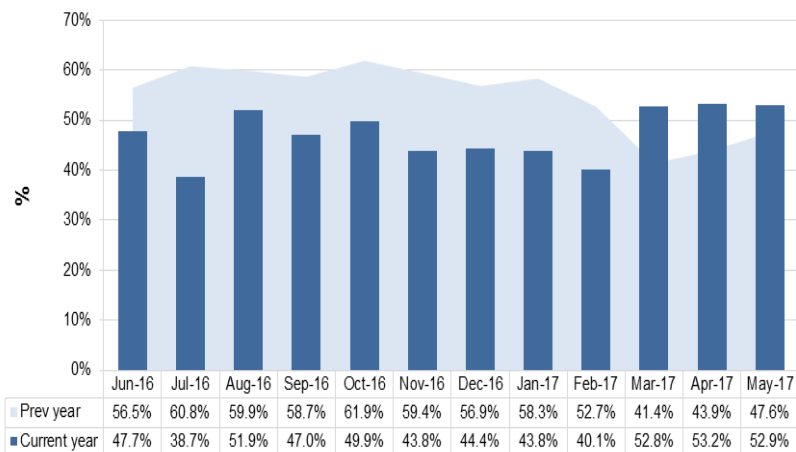


**Quality Indicators:** Calls requiring a Clinical Advisor are either transferred directly (warm transfer) or placed in a queue for call back. Factors influencing these figures include complexity of calls, enhanced clinical assessment for Green ambulance outcomes and availability of Clinical Advisors to accept a warm transfer. A prioritisation system is in place to inform those decisions.

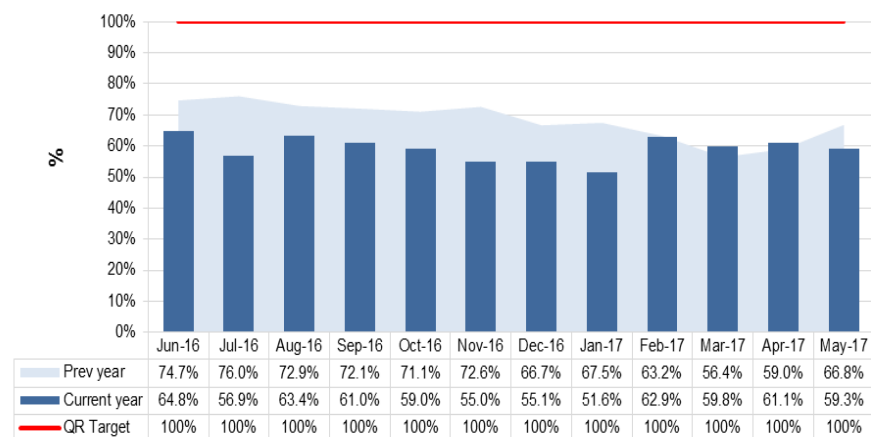
**Safety:** There were 60 Incidents in Datix with completed investigations in May. Of these 31% (n=18) related to authorized breaches in confidentiality including safeguarding referrals made with our patient consent, 41% (n=25) to calls sent to an incorrect GP OOH Provider 28% (n=17) to other issues. Incidents are under investigation and feedback given to staff where appropriate.

One Serious Incidents (SIs) was identified and the service received two complaints, two HCP feedback and no compliments.

QR12: Of calls transferred, % transferred warm

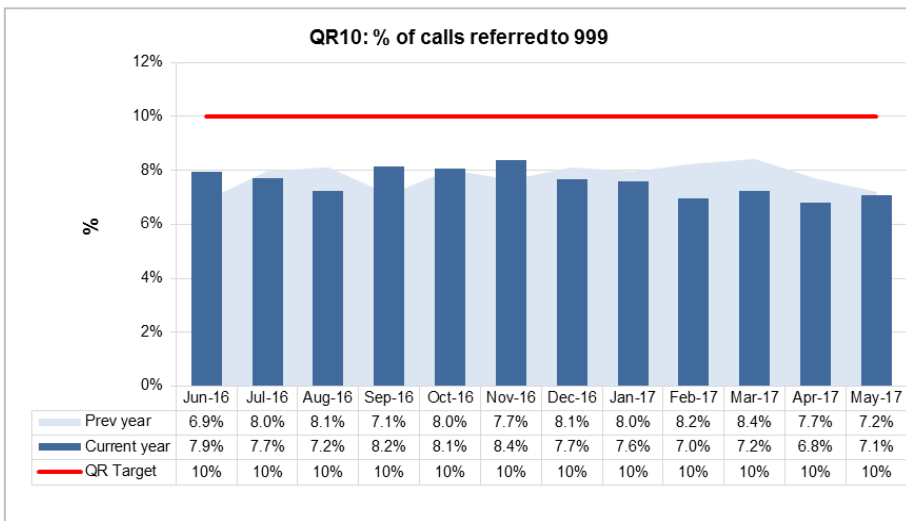


QR14: Of call backs, % within 10 minutes





# LAS 111 (South East London) – Triage destinations

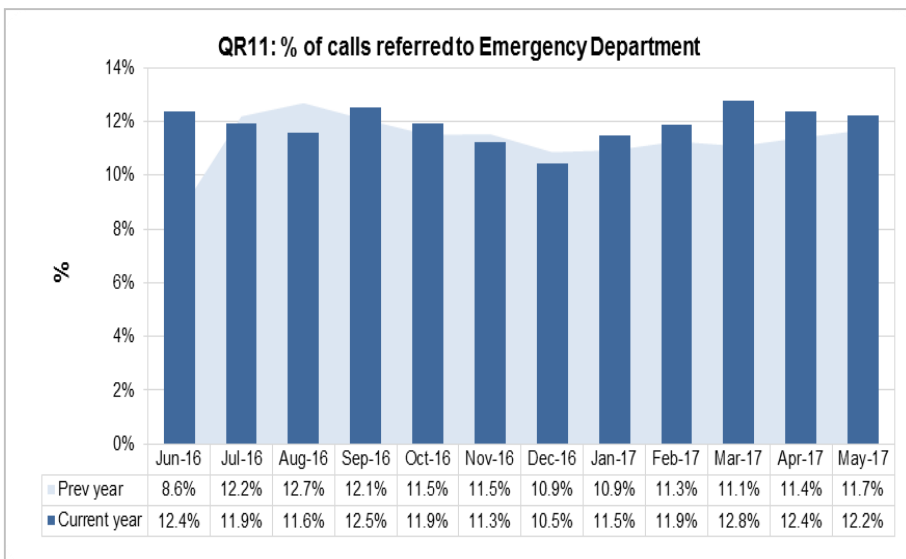


**Referrals:** LAS 111 consistently has the lowest referral rate to 999 in London and the highest percentage of enhanced re-assessment for Green ambulance outcomes.

Referrals to Emergency Departments are higher than for other providers, this figure includes Urgent Care Centres and Walk-in Centres.

When combined this gives an indication of the impact on Emergency and Urgent Care. LAS 111 refers the lowest number of calls overall.

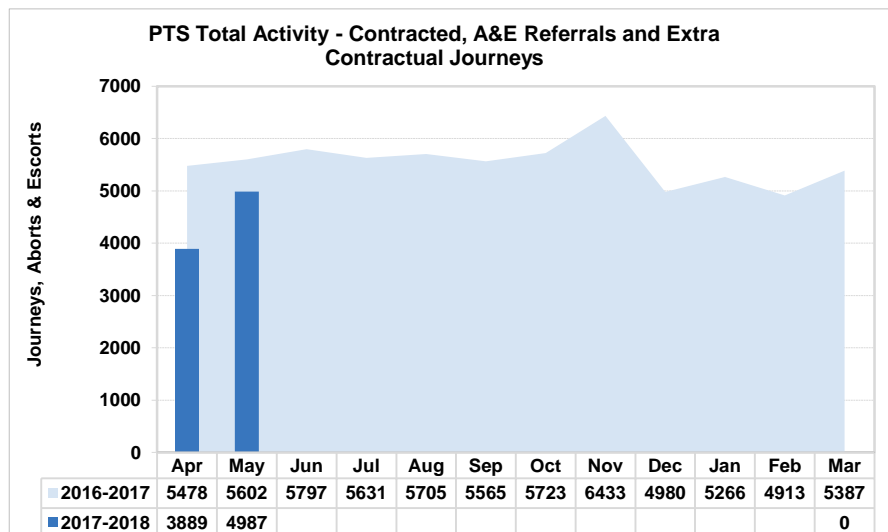
There is an action plan in place to understand and reduce the referrals to Emergency Departments and the referral rate is showing a gradual decrease.







# Patient Transport Service – Activity Update and Profitability Update



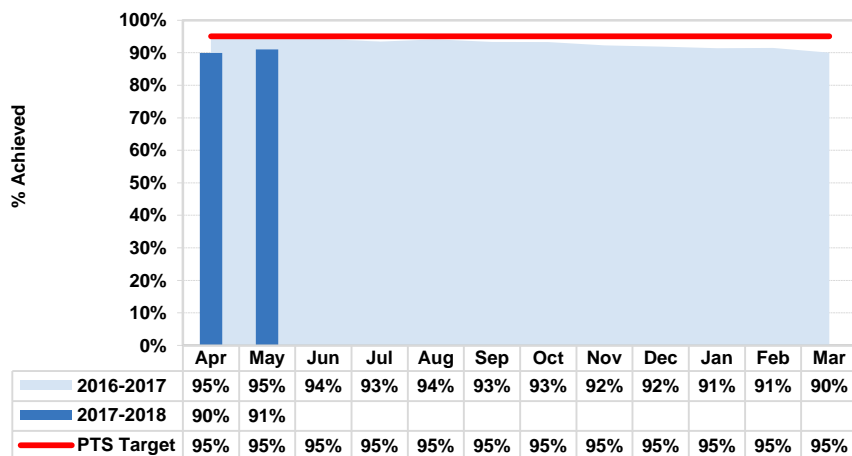
May saw an increase of journeys back to normal levels following the Easter break and half term and a total of 4987 journeys were completed in May 2017, an increase from the previous month's total of 3,889 journeys.

Month	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Apr	15044	13227	8495	5478	3889
May	15987	13164	7943	5602	4987
Jun	14852	10129	8967	5797	0
Jul	16481	10508	8923	5631	0
Aug	14401	9028	5457	5705	0
Sep	15002	9602	6097	5565	0
Oct	16739	10957	5841	5723	0
Nov	15981	10063	5989	6433	0
Dec	13986	9250	4943	4980	0
Jan	16409	9753	5103	5266	0
Feb	15232	9787	5306	4913	0
Mar	13978	10520	5264	5387	
Total	184092	125988	78328	66480	8876



# Patient Transport Service – KPI Update

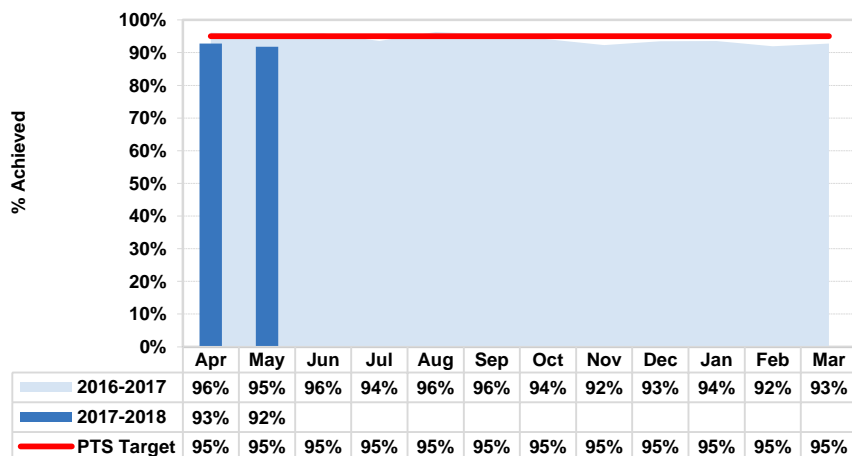
Arrival at Hospital Against Appointment Time



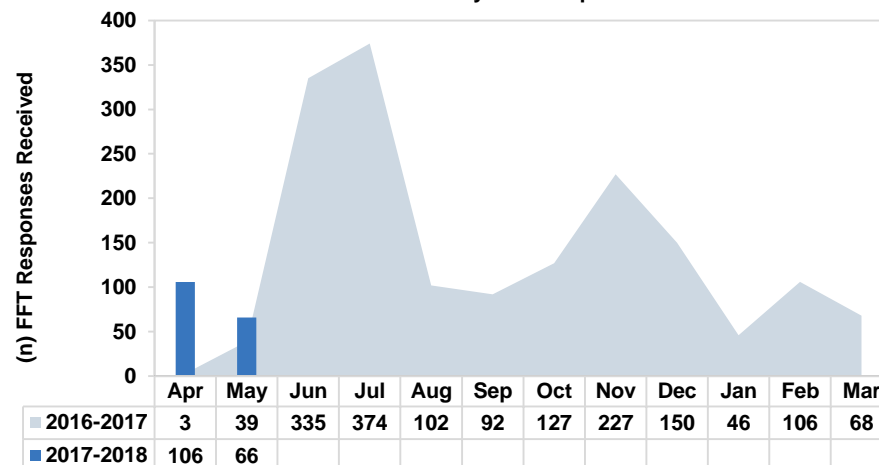
The arrival at hospital against the appointment time increased by 1% to 91% in May against a background of increased activity but was still below the 95% target.

Departure against patient ready time saw a slight drop from the 93% we had in April to 92% for May against the background of increased activity. This is below the target of 95%.

Departure Against Patient Ready Time

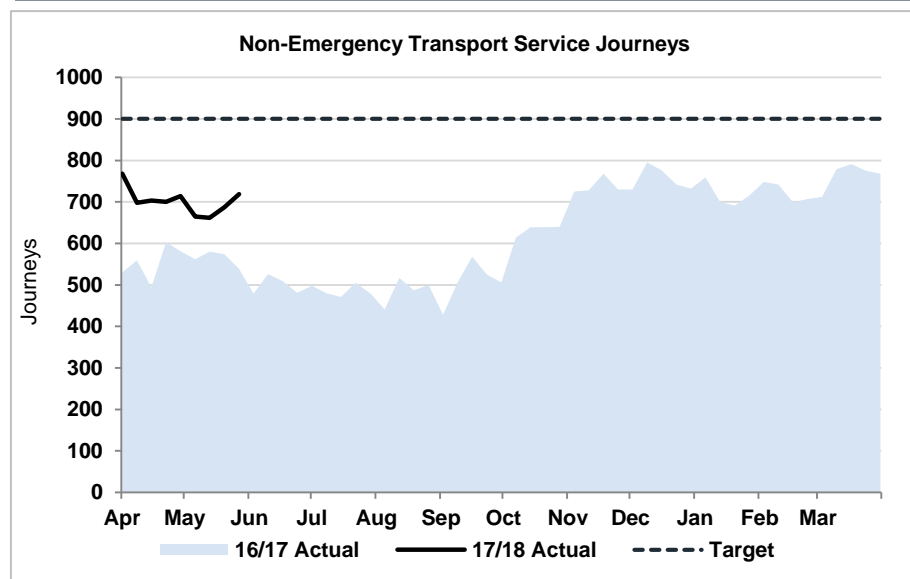


PTS Friends & Family Test Responses Received





# Non-Emergency Transport Service



## Non-Emergency Transport Update

- NETs saw a decrease in the month and delivered an average of 700 journeys per week for the month, This included the bank holidays and Easter half term where overall calls in this area reduced.
- During the second half of May we saw the NETs overall weekly performance begin to increase with the continued focus of the team in ensuring the quality and number of calls to the NETS dispatch group was maintained. Performance continued to suffer due to increasingly lengthy handover times at hospitals.
- From the daily conference call, plans and reporting have been put in place to continue to increase the number of calls given to NETs and completed

# Our Money

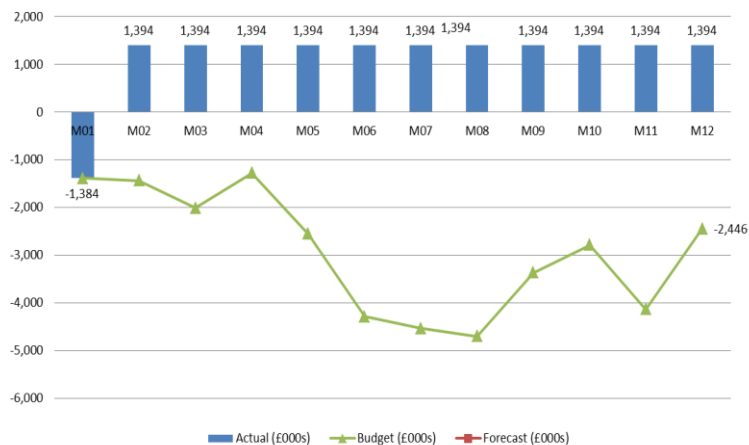


Financial Indicator	Key Headlines	May	Apr	Mar
Surplus (Year to date)	Year to date the position is £2.8m ahead of plan.			
	Key issues in the position are: <ul style="list-style-type: none"> <li>Income is £0.7m unfavourable due to differences between plan and actual contract income phasing and CQUIN income recognition.</li> <li>On-going vacancies in core frontline staff groups offset by overtime, incentive and PAS support for frontline capacity to support continued high demand.</li> <li>Demand is currently running above 2017-18 contracted baseline activity (2016-17 contract activity plus 6%) by 4.65% in month, higher than the budgeted level of 3%.</li> </ul>			
Income	Income is £0.3k favourable in month, but £700k adverse year to date due to: <ul style="list-style-type: none"> <li>Differences between budget and final contract income phasing.</li> <li>Offset by commissioners placing 40% of the Trust's CQUIN income in a Service Development &amp; Improvement Plan which cannot be recognised until it's conditions are met.</li> <li>Main contract variable income for M2 is 4.65% higher than the contract baseline, however this has been capped at 3% pending confirmation of Commissioner demand management achievement.</li> </ul>			
Expenditure (incl. Financial Charges)	In month expenditure is £2.5m favourable to plan, and £3.5m favourable YTD. The key drivers for this are: <ul style="list-style-type: none"> <li>On-going vacancies in operational pay (incl. EOC) (£1.2m favourable in month, £3.2m favourable YTD)</li> <li>PAS overspends to compensate for vacancies (£0.6m unfavourable in month, £1m unfavourable YTD) are offset by various underspends in budgeted services spend</li> <li>Overall Financial Charges are £0.1m favourable YTD due to lower than budgeted depreciation</li> </ul>			
CIPs	Year to date CIPs are on plan. Program planning continues with operational, support and corporate managers and the full year plan of £17.8m is seen as challenging but achievable.			
Balance Sheet	Capital spend is £0.4m against a Capital plan of £3.9m, £3.5m behind plan.			
Cashflow	Cash is £30.3m, £2.7m above plan. The CCGs have paid £2.6m of June's SLA income in May 2017.			
BPPC	Non-NHS 85%, NHS 71% performance has been affected by technical difficulties at our shared services.			



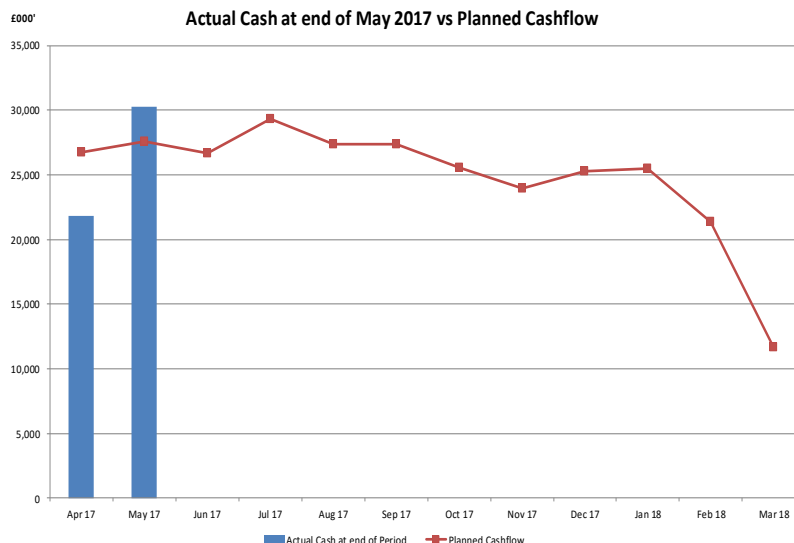
# Executive Summary - Key Financial Metrics

Cumulative Net Position - Budget Vs Actual



	2017/18 - Month 2			Year to Date			FY 2017/18
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000	£000	£000	£000	£000
			fav (adv)			fav (adv)	
<b>Dept Health</b>							
Surplus / (Deficits)	(52)	2,785	2,837	(1,439)	1,402	2,841	(2,438)
EFL				(8,853)	(11,568)	2,715	12,538
CRL				3,883	356	3,527	28,806
Suppliers paid within 30 days - NHS	95%	58%	(37.0%)	95%	71%	(24.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	82%	(13.0%)	95%	85%	(10.0%)	95%
<b>Monitor</b>							
EBITDA %	4.7%	13.5%	8.9%	2.6%	7.2%	4.6%	5.0%
EBITDA on plan	1,435	4,216	2,781	1,535	4,275	2,740	18,185
Net Surplus	(52)	2,785	2,837	(1,439)	1,402	2,841	(2,438)
NRAF (net return after financing)				(0.9%)	0.7%	1.6%	1.2%
Liquidity Days				(0.90)	8.78	9.68	(9.90)
Use of Resources Rating				3.0	1.0	2.0	2.0

Actual Cash at end of May 2017 vs Planned Cashflow



The month 2 position is 2.8m favourable to plan and the year end control total (£2.44m deficit) is expected to be met. The 2017-18 main contract provides for additional income where demand growth exceeds that included in base contracted activity and for credit to be issued to Commissioners, where activity is lower than that level. This position will need to be closely monitored and matched with resource usage to ensure a sustainable position.

- Key issues in the position are:
  - Income is £0.7m unfavourable due to differences between plan and actual contract income phasing and CQUIN income recognition.
  - On-going vacancies in core frontline staff groups offset by Overtime, Incentive and PAS support for Frontline Capacity to support continued high demand.
  - Demand is currently running above 2017-18 contracted baseline activity (2016-17 contract activity plus 6%) by circa 4.7% in month, higher than the budgeted level of 3%.
- CRL position – the capital plan is £3.5m behind target.
- Cash is £30.3m, £2.7m above plan. The CCGs paid £2.6m of June's SLA income in May 2017.
- BPPC – Non-NHS 85%, NHS 71% performance has been affected by technical difficulties at our shared services.



# Statement of Comprehensive Income

## Income

- Income is £0.7k behind plan YTD, primarily due to differences in phasing and CQUIN income recognition.
- Commissioners have retained 40% of the Trust's CQUIN income in a Service Development and Improvement Plan (SDIP) which means that it cannot be recognised until its requirements are achieved.
- Main contract variable income for M2 is 4.65% higher than the contract baseline, however this has been capped at 3% pending confirmation of Commissioner demand management achievement.

## Operating Expenditure (excl. Depreciation and Financing)

- Pay expenditure is £3.6m under plan, due primarily to front line vacancies.
- The underspend on front line pay is partially offset by private ambulance expenditure (£1m YTD) in non-pay. This underspend is expected to reduce from targeted recruitment.
- Non-pay expenditure is £74k over budget due to private ambulance expenditure offset by underspends in various other non-pay areas.
- Private Ambulance expenditure is overspent by £1m (this is offset by vacancies as noted) and rent, leases costs and training and recruitment related expenditure are underspent due to differences in the phasing of the budget vs actual expenditure.

2017/18 - Month 2			Description	Year to Date			FY 2017/18
Budg	Act	Var		Budg	Act	Var	
£000	£000	£000		£000	£000	£000	£000
		fav/(adv)				fav/(adv)	
<b>Income</b>							
28,878	29,297	418	Income from Activities	56,344	55,771	(573)	337,625
1,941	1,846	(95)	Other Operating Income	3,822	3,697	(125)	23,230
<b>30,819</b>	<b>31,142</b>	<b>323</b>	<b>Subtotal</b>	<b>60,166</b>	<b>59,468</b>	<b>(698)</b>	<b>360,855</b>
<b>Operating Expense</b>							
22,772	20,458	2,314	Pay	45,585	41,979	3,606	269,967
6,612	6,469	144	Non Pay	13,046	13,214	(168)	74,598
<b>29,384</b>	<b>26,926</b>	<b>2,458</b>	<b>Subtotal</b>	<b>58,631</b>	<b>55,193</b>	<b>3,438</b>	<b>344,565</b>
<b>1,435</b>	<b>4,216</b>	<b>2,781</b>	<b>EBITDA</b>	<b>1,535</b>	<b>4,275</b>	<b>2,740</b>	<b>16,290</b>
4.7%	13.5%	8.9%	<b>EBITDA margin</b>	2.6%	7.2%	4.6%	4.5%
<b>Depreciation &amp; Financing</b>							
1,133	1,089	44	Depreciation	2,266	2,179	88	14,487
350	350	0	PDC Dividend	701	700	1	4,204
4	(5)	9	Interest	7	(4)	11	42
0	(3)	3	P&L on Disposal of Fixed Assets	0	(1)	1	0
<b>1,487</b>	<b>1,431</b>	<b>53</b>	<b>Subtotal</b>	<b>2,974</b>	<b>2,873</b>	<b>100</b>	<b>18,733</b>
<b>(52)</b>	<b>2,785</b>	<b>2,834</b>	<b>Net Surplus/(Deficit)</b>	<b>(1,439)</b>	<b>1,402</b>	<b>2,841</b>	<b>(2,443)</b>

## Depreciation and Financing

- Overall Financial Charges are £0.1m favourable YTD due to lower than budgeted depreciation.

## Risks

- The Trust's main A&E contract incorporates variable income for the first time and as such variations in activity may result in either the Trust receiving additional income or being required to pass back income to Commissioners. This fluid budget structure will need to be carefully managed to ensure resourcing expenditure aligns with income and is managed sustainably.
- If the criteria for STP funding is not met (e.g. Agency restrictions) then £2.0m would be withheld which would put the Trust's control total at risk.



# Main Contract Variable Income

Month:	2017-18 Monthly Contract Base (2016-17 Plan plus 6%)			2017-18 Actual Activity			2017-18 Actual Activity Increase / (Decrease) vs Contract Base			Total Incidents Difference to Contract Base (%)	CCG Split Based on Incident Difference			
Area	Cat A	Cat C (incl Other)	Total Incidents	Cat A	Cat C (incl Other)	Total Incidents	Cat A	Cat C (incl Other)	Total Incidents					
NEL	NHS City and Hackney CCG			1,463	1,630	3,093	1,643	1,487	3,130	180	-143	37	1.20%	£ 7,807.00
NEL	NHS Newham CCG			1,743	1,830	3,573	2,034	1,596	3,630	291	-234	57	1.60%	£ 12,027.00
NEL	NHS Tower Hamlets CCG			1,468	1,445	2,913	1,739	1,347	3,086	271	-98	173	5.94%	£ 36,503.00
NEL	NHS Waltham Forest CCG			1,347	1,389	2,736	1,503	1,273	2,776	156	-116	40	1.46%	£ 8,440.00
NEL	NHS Barking and Dagenham CCG			1,178	1,330	2,508	1,343	1,195	2,538	165	-135	30	1.20%	£ 6,330.00
NEL	NHS Havering CCG			1,332	1,577	2,909	1,493	1,481	2,974	161	-96	65	2.23%	£ 13,715.00
NEL	NHS Redbridge CCG			1,427	1,494	2,921	1,600	1,411	3,011	173	-83	90	3.08%	£ 18,990.00
NEL	<b>NEL Total</b>			<b>9,958</b>	<b>10,695</b>	<b>20,653</b>	<b>11,355</b>	<b>9,790</b>	<b>21,145</b>	<b>1,397</b>	<b>-905</b>	<b>492</b>	<b>2.38%</b>	<b>£ 103,812.00</b>
NCL	NHS Barnet CCG			1,754	1,941	3,695	1,835	1,915	3,750	81	-26	55	1.49%	£ 11,605.00
NCL	NHS Camden CCG			1,463	1,536	2,999	1,567	1,578	3,145	104	42	146	4.87%	£ 30,806.00
NCL	NHS Enfield CCG			1,738	1,625	3,363	1,810	1,560	3,370	72	-65	7	0.21%	£ 1,477.00
NCL	NHS Haringey CCG			1,345	1,399	2,744	1,431	1,346	2,777	86	-53	33	1.20%	£ 6,963.00
NCL	NHS Hillingdon CCG			1,230	1,416	2,646	1,403	1,349	2,752	173	-67	106	4.01%	£ 22,366.00
NCL	<b>NCL Total</b>			<b>7,530</b>	<b>7,917</b>	<b>15,447</b>	<b>8,046</b>	<b>7,748</b>	<b>15,794</b>	<b>516</b>	<b>-169</b>	<b>347</b>	<b>2.25%</b>	<b>£ 73,217.00</b>
NWL	NHS Brent CCG			1,726	1,758	3,484	1,954	1,779	3,733	228	21	249	7.15%	£ 52,539.00
NWL	NHS Harrow CCG			1,000	1,106	2,106	1,092	1,200	2,292	92	94	186	8.83%	£ 39,246.00
NWL	NHS Hillingdon CCG			1,645	2,081	3,726	1,959	2,078	4,037	314	-3	311	8.35%	£ 65,621.00
NWL	NHS Central London (Westminster) CCG			1,519	1,512	3,031	1,746	1,687	3,433	227	175	402	13.26%	£ 84,822.00
NWL	NHS Ealing CCG			1,689	1,778	3,467	2,026	1,933	3,959	337	155	492	14.19%	£ 103,812.00
NWL	NHS Hammersmith and Fulham CCG			941	974	1,915	1,072	1,133	2,205	131	159	290	15.14%	£ 61,190.00
NWL	NHS Hounslow CCG			1,388	1,485	2,873	1,510	1,441	2,951	122	-44	78	2.71%	£ 16,458.00
NWL	NHS West London CCG			1,151	1,242	2,393	1,276	1,293	2,569	125	51	176	7.35%	£ 37,136.00
NWL	<b>NWL Total</b>			<b>11,059</b>	<b>11,936</b>	<b>22,995</b>	<b>12,635</b>	<b>12,544</b>	<b>25,179</b>	<b>1,576</b>	<b>608</b>	<b>2,184</b>	<b>9.50%</b>	<b>£ 460,824.00</b>
SEL	NHS Bexley CCG			1,122	1,378	2,500	1,269	1,334	2,603	147	-44	103	4.12%	£ 21,733.00
SEL	NHS Bromley CCG			1,400	1,782	3,182	1,503	1,746	3,249	103	-36	67	2.11%	£ 14,137.00
SEL	NHS Greenwich CCG			1,349	1,542	2,891	1,486	1,472	2,958	137	-70	67	2.32%	£ 14,137.00
SEL	NHS Lambeth CCG			1,674	2,081	3,755	1,922	1,942	3,864	248	-139	109	2.90%	£ 22,999.00
SEL	NHS Lewisham CCG			1,370	1,583	2,953	1,520	1,589	3,109	150	6	156	5.28%	£ 32,916.00
SEL	NHS Southwark CCG			1,617	2,040	3,657	1,763	1,989	3,752	146	-51	95	2.60%	£ 20,045.00
SEL	<b>SEL Total</b>			<b>8,532</b>	<b>10,406</b>	<b>18,938</b>	<b>9,463</b>	<b>10,072</b>	<b>19,535</b>	<b>931</b>	<b>-334</b>	<b>597</b>	<b>3.15%</b>	<b>£ 125,967.00</b>
SWL	NHS Croydon CCG			1,884	2,269	4,153	2,123	2,207	4,330	239	-62	177	4.26%	£ 37,300.58
SWL	NHS Kingston CCG			675	915	1,590	796	884	1,680	121	-31	90	5.66%	£ 18,990.00
SWL	NHS Merton CCG			804	1,117	1,921	957	1,180	2,137	153	63	216	11.24%	£ 45,576.00
SWL	NHS Richmond CCG			678	949	1,627	756	862	1,618	78	-87	-9	-0.55%	£ 1,899.00
SWL	NHS Sutton CCG			847	1,182	2,029	996	1,122	2,118	149	-60	89	4.39%	£ 18,779.00
SWL	NHS Wandsworth CCG			1,254	1,557	2,811	1,394	1,524	2,918	140	-33	107	3.81%	£ 22,577.00
SWL	<b>SWL Total</b>			<b>6,142</b>	<b>7,989</b>	<b>14,131</b>	<b>7,022</b>	<b>7,779</b>	<b>14,801</b>	<b>880</b>	<b>-210</b>	<b>670</b>	<b>4.74%</b>	<b>£ 141,323.58</b>
<b>London Total</b>				<b>43,221</b>	<b>48,943</b>	<b>92,164</b>	<b>48,521</b>	<b>47,933</b>	<b>96,454</b>	<b>5,300</b>	<b>-1,010</b>	<b>4,290</b>	<b>4.65%</b>	<b>£ 905,143.58</b>

Initial reported activity for M2 was 4.65% above the contract baseline.

On that basis, assuming Commissioners have not met their demand management targets, the LAS would be able to invoice for £905k of additional income.

Given that the position on demand management measurement and achievement by Commissioners is as yet unclear, a prudent position has been adopted and income recognised has been capped at the 3% limit that would apply if demand management targets had been met (£583k).



## Divisional Expenditure (excl. Income)

2017/18 - Month 2			Description	Year to Date			FY 2016/17
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000		£000	£000	£000	
fav/(adv)				fav/(adv)			
<b>Operational Divisions</b>							
13,071	13,930	(859)	Core Frontline (Rostered)	26,130	27,112	(982)	153,275
1,557	1,266	291	Core Frontline (Non Rostered)	3,114	2,547	567	18,658
0	0	0	Other Frontline	0	0	0	0
1,985	1,929	56	EPRR	3,973	3,863	110	23,863
0	0	0	Resource Centre	0	0	0	0
2,225	2,204	21	EOC	4,426	4,445	(19)	26,699
161	184	(23)	PTS	321	258	64	641
669	585	84	NETS	1,337	1,219	118	7,036
543	490	53	111 Project	1,079	929	149	6,176
<b>20,209</b>	<b>20,588</b>	<b>(379)</b>	<b>Subtotal</b>	<b>40,380</b>	<b>40,373</b>	<b>7</b>	<b>236,348</b>
<b>Support Services</b>							
2,296	2,393	(97)	Fleet & Logistics	4,552	5,102	(550)	27,016
1,171	959	212	IM&T	2,342	1,762	580	14,538
390	448	(58)	HR	780	845	(65)	4,580
0	0	0	Education & Development	0	0	0	0
795	783	12	Estates	1,590	1,809	(219)	9,799
18	10	9	Support Services Management	37	15	22	221
<b>4,671</b>	<b>4,592</b>	<b>78</b>	<b>Subtotal</b>	<b>9,301</b>	<b>9,533</b>	<b>(232)</b>	<b>56,153</b>
<b>Corporate</b>							
276	237	39	Chief Executive & Chair	572	506	66	3,295
368	372	(4)	Corporate Services	735	682	53	4,411
0	0	0	Business Development	0	0	0	0
85	72	13	Strategic Communication	170	137	34	1,022
348	237	111	Finance	697	513	183	4,181
0	0	0	Project Management	0	0	0	0
297	252	45	Nursing & Quality	595	506	89	3,738
221	72	149	Transformation & Strategy	442	177	265	2,652
1,093	600	493	Clinical Education & Standards	2,175	1,504	671	13,186
321	254	67	Medical	642	645	(3)	3,850
<b>3,009</b>	<b>2,096</b>	<b>913</b>	<b>Subtotal</b>	<b>6,027</b>	<b>4,670</b>	<b>1,357</b>	<b>36,335</b>
<b>Central</b>							
2,915	911	2,005	Central Corporate	5,780	3,214	2,567	33,910
11	2	9	Other Central Costs	18	23	(5)	107
42	171	(129)	Central Support	85	257	(173)	375
<b>2,968</b>	<b>1,084</b>	<b>1,884</b>	<b>Subtotal</b>	<b>5,883</b>	<b>3,494</b>	<b>2,389</b>	<b>34,392</b>
<b>30,857</b>	<b>28,360</b>	<b>2,497</b>	<b>TOTAL</b>	<b>61,591</b>	<b>58,070</b>	<b>3,521</b>	<b>363,228</b>
30,819	31,142	323	Income Memorandum	60,166	59,468	(698)	360,855
<b>(38)</b>	<b>2,782</b>	<b>2,819</b>	<b>NET POSITION MEMORANDUM</b>	<b>(1,424)</b>	<b>1,399</b>	<b>2,823</b>	<b>(2,372)</b>

Overall expenditure is £2.5m favourable in month and £3.5m favourable YTD.

### Operational Divisions

- Operational expenditure is currently £0.4k adverse in month and on plan YTD driven by:
  - Continued high spends on PAS and Overtime in core frontline to support frontline capacity (Core Frontline (rostered £0.9m adverse in month, £1m adverse YTD)
  - Offset by underspends in non-frontline operational areas

### Support Services

- Support Services is £0.1k favourable in month and £0.2k unfavourable YTD primarily driven by:
  - Fleet & Logistics being £0.6m adverse to plan YTD due to continuing agency usage and high maintenance, equipment and consumables spend.
  - Estates are £0.2m adverse to plan due to estates maintenance costs phasing differences.

### Corporate

- Overall Corporate divisions are £0.9m favourable in month and £1.4m favourable YTD:
  - Clinical education is £0.5m favourable in month and £0.7m favourable YTD due to lower than planned training costs related to Paramedic and EAC recruitment.

### Central

- Central Corporate is favourable mainly due to the management of the Trust reserves position.

### Income

- Income is as per the Statement of Comprehensive Income (SOI).





## 2017/18 Cost Improvement Programme (CIP)

The Trust's Executive Leadership Team have further reviewed and finalised the 2017-18 Cost Improvement Program during month 2.

A summary of these programs is included below and as at May 2017, the Trust is reporting it's CIP position as on plan.

<b>CIP Categories</b>	<b>Full Year</b>
1. Managing Frontline Growth	£ 4,530,487.00
2. Rest breaks & End of Shift Arrangments	£ 1,500,000.00
3. EOC efficiency	£ 2,250,000.00
4. NETS productivity / Retrenchment	£ 1,000,000.00
5. Apprenticeship Levy	£ 2,225,000.00
6. Fleet and Logistics effeciency	£ 2,033,994.00
7. Corporate & collaboration opportunities	£ 3,042,000.00
8. Non front Line Pay	£ 1,200,000.00
<b>Total</b>	<b>£ 17,781,481.00</b>



# Statement of Financial Position YTD

	Mar-17	Apr-17	May-17	May-17		
	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	
<b>Non Current Assets</b>						
Property, Plant & Equip	142,368	141,832	141,216	145,161	(3,945)	-2.72%
Intangible Assets	6,577	6,116	5,901	5,558	343	6.17%
Trade & Other Receivables	0	0	0	0	0	
<b>Subtotal</b>	<b>148,945</b>	<b>147,948</b>	<b>147,117</b>	<b>150,719</b>	<b>(3,602)</b>	<b>-2.39%</b>
<b>Current Assets</b>						
Inventories	3,115	3,124	3,124	3,005	119	3.96%
Trade & Other Receivables	35,467	37,359	28,265	15,323	12,942	84.46%
Cash & cash equivalents	18,637	21,829	30,268	27,553	2,715	9.85%
Non-Current Assets Held for Sale	44	44	44	44	0	
<b>Total Current Assets</b>	<b>57,263</b>	<b>62,356</b>	<b>61,701</b>	<b>45,925</b>	<b>15,776</b>	<b>34.35%</b>
<b>Total Assets</b>	<b>206,208</b>	<b>210,304</b>	<b>208,818</b>	<b>196,644</b>	<b>12,174</b>	<b>6.19%</b>
<b>Current Liabilities</b>						
Trade and Other Payables	(41,463)	(46,813)	(41,952)	(39,858)	(2,094)	5.25%
Provisions	(8,064)	(8,174)	(8,639)	(3,873)	(4,766)	123.06%
Borrowings	0	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	
<b>Net Current Liabilities</b>	<b>(49,527)</b>	<b>(54,987)</b>	<b>(50,591)</b>	<b>(43,731)</b>	<b>(6,860)</b>	<b>15.69%</b>
<b>Non Current Assets plus/less net current assets/Liabilities</b>	<b>156,681</b>	<b>155,317</b>	<b>158,227</b>	<b>152,913</b>	<b>5,314</b>	<b>3.48%</b>
<b>Non Current Liabilities</b>						
Trade and Other Payables	0	0	0	0	0	
Provisions	(10,548)	(10,574)	(10,702)	(10,447)	(255)	2.44%
Borrowings	(107)	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	
<b>Total Non Current Liabilities</b>	<b>(10,655)</b>	<b>(10,681)</b>	<b>(10,809)</b>	<b>(10,554)</b>	<b>(255)</b>	<b>2.42%</b>
<b>Total Assets Employed</b>	<b>146,026</b>	<b>144,636</b>	<b>147,418</b>	<b>142,359</b>	<b>5,059</b>	<b>3.55%</b>
<b>Financed by Taxpayers Equity</b>						
Public Dividend Capital	58,016	58,016	58,016	58,016	0	0.00%
Retained Earnings	36,212	34,822	37,604	32,175	5,429	16.87%
Revaluation Reserve	52,217	52,217	52,217	52,587	(370)	-0.70%
Other Reserves	(419)	(419)	(419)	(419)	0	0.00%
<b>Total Taxpayers Equity</b>	<b>146,026</b>	<b>144,636</b>	<b>147,418</b>	<b>142,359</b>	<b>5,059</b>	<b>3.55%</b>

## Non Current Assets

- Non current assets stand at £147.1m (£3.6m) below plan. This is due to capital slippage.

## Current Assets

- Current assets stand at £61.7m, £15.8m above plan.
- Cash position as at May is £30.3m, £2.7m above plan.
- Within Trade & Other Receivables, Receivables (debtors) at £7.3m are £2.7m above plan, accrued income at £16.8m is £11.3m above plan and prepayments at £4.1m are £1.1m below plan. The increase in receivables relates to QIP investment and additional funding for over activity being overdue for payment. The Trust is still negotiating with the lead commissioners over the contract for CQUIN. The increase in accrued income relates to STF Bonus funding being unpaid. NHSI have notified us that we can expect payment for the outstanding STF debts in July or August 2017.

## Current Liabilities

- Current liabilities stand at £50.6m, £6.9m above plan.
- Payables and accruals at £42m are £2.1m above plan.
- The Trust has a high volume of unapproved trade payables at £10.6m.
- Current provisions at £8.6m are £4.8m higher than plan. This is due to new provisions and lower than expected payments being made to international recruits and in relation to legal claims at the end of last year.
- Deferred Income at £5.3m are £5.1m above plan. The Trust received full payment of £5.3m MTF funding for the year in May 2017.

## Non Current Liabilities

- Non current provisions at £10.7m are £0.3m above plan. Borrowings are on plan.

## Taxpayers Equity

- The Trust received STF funding last year not included in the plan.
- Taxpayers Equity stands at £147.4m, £5.1m higher than plan.
- Retained Earnings stands at £32.2m, £5.4m higher than plan.



# Cash flow Statement YTD

			YTD Move	YTD Plan	Var
	Apr-17	May-17	May-17	May-17	May-17
	Actual	Actual			
	£000	£000	£000	£000	£000
<b>Opening Balance</b>	18,637	21,829	<b>18,637</b>	<b>18,700</b>	<b>-63</b>
Operating Surplus	53	4,215	4,268	1,765	2,503
(Increase)/decrease in current assets	(1,905)	9,094	7,189	16,484	(9,295)
Increase/(decrease) in current liabilities	6,367	(2,149)	4,218	710	3,508
Increase/(decrease) in provisions	134	591	725	(270)	995
Net cash inflow/(outflow) from operating activities	4,649	11,751	16,400	18,689	(2,289)
<b>Cashflow inflow/outflow from operating activities</b>	<b>4,649</b>	<b>11,751</b>	<b>16,400</b>	<b>18,689</b>	<b>(2,289)</b>
Returns on investments and servicing finance	2	6	8	16	(8)
Capital Expenditure	(1,459)	(3,318)	(4,777)	(9,852)	5,075
Dividend paid	0	0	0	0	0
Financing obtained	0	0	0	0	0
Financing repaid	0	0	0	0	0
<b>Cashflow inflow/outflow from financing</b>	<b>(1,457)</b>	<b>(3,312)</b>	<b>(4,769)</b>	<b>(9,836)</b>	<b>5,067</b>
Movement	3,192	8,439	11,631	8,853	2,778
<b>Closing Cash Balance</b>	<b>21,829</b>	<b>30,268</b>	<b>30,268</b>	<b>27,553</b>	<b>2,715</b>

There has been a net inflow of cash to the Trust of £8.4m.

Cash funds at 31 May stand at £30.3m.

### Operating Surplus

- The operating surplus is £2.5m higher than planned.

### Current Assets

- The YTD movement on current assets is £7.2m, a (£9.3m) lower movement than plan.
- Current assets movement was lower than planned due to an increase in receivables (£2.6m), increase in accrued income (£7.0m) and decrease in prepayments £0.3m.

### Current Liabilities

- The YTD movement on current liabilities is £4.2m, a £3.5m higher movement than plan.
- Current liabilities movement was higher than planned due to trade and other payables (£2.3m), accruals £0.5m and deferred income £5.3m.

### Provisions

- The YTD movement on provisions is £0.7m, is £1.0m increase on plan.

### Capital Expenditure

- Capital cash outflow is £5.1m behind plan for the year. This is due to capital slippage.

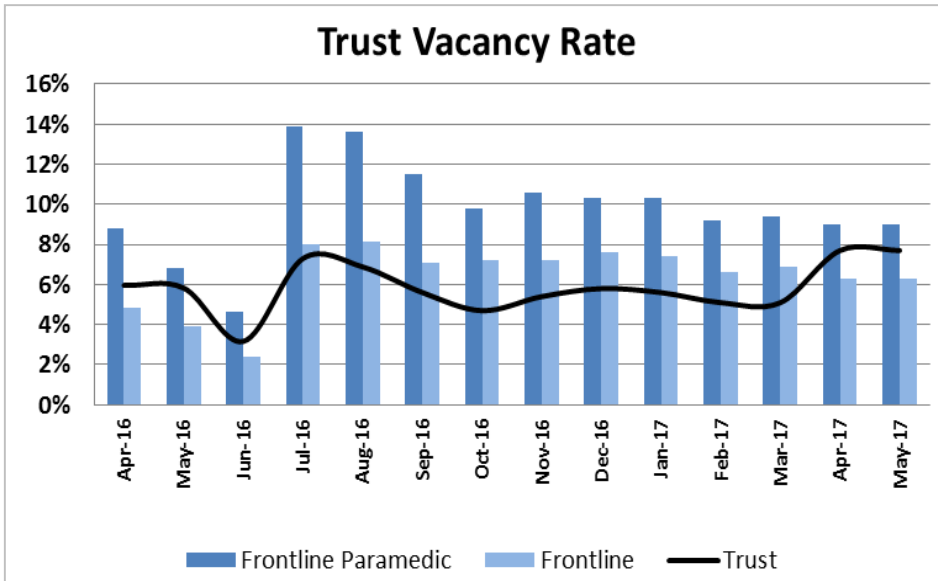
# Our People



Section	Key Headlines From Each Section.	May	April	March
Vacancy and Recruitment	<ul style="list-style-type: none"> <li>The overall vacancy rate has increased to 7.7% against a 5% target.                             <ul style="list-style-type: none"> <li>The vacancy rate for front line staff has remained at 6.3%</li> <li>The vacancy rate for frontline paramedics has remained at 9.0%.</li> </ul> </li> </ul> <p><i>We have identified additional posts to deliver the 17/18 increased demand. Further work is to be undertaken with colleagues in Operations to determine how these posts should be allocated across the Sectors.</i></p>			
Turnover	<ul style="list-style-type: none"> <li>Total Trust turnover has increased from 9.6% to 9.7% against a threshold of 10%.                             <ul style="list-style-type: none"> <li><i>Frontline turnover has remained at 8.5%. Please note this does not include Control Room or NHS 111 leavers.</i></li> <li>Frontline paramedic turnover has increased from 8.9% to 9%</li> </ul> </li> </ul>			
Sickness	<ul style="list-style-type: none"> <li>Monthly sickness for April is 4.5% against a target of 5%, a reduction from March (4.7%). The 12 month rolling sickness is at 5.1%</li> <li>Frontline sickness has reduced to 5.59%, a reduction from 5.64%.</li> </ul> <p>* Sickness is reported two months in arrears (as at 30<sup>th</sup> April 2017).</p>			



# Vacancy – Trust wide



## Paramedic recruitment

- *International (300 target)*- We have had a successful trip to Australia and have made 185 offers. The first cohorts will start on 31<sup>st</sup> July 2017 and 21<sup>st</sup> August 2017. The remainder are expected to start in Q4 of 2017/18.
- *UK Graduates (90 target)* - we have made 65 offers from partner and non-partner universities, 63 of whom have agreed start dates. We have visited our four partner universities to run application and interview workshops to make sure that as many UK graduates as possible make LAS their employer of choice.
- UK Qualified paramedics – we have 29 qualified paramedics in our pipeline.

Source of data: ESR

	Establishment	In post	Vacancy wte	Vacancy %
<b>Trust Total</b>	<b>5,356.1</b>	<b>4,944.1</b>	<b>412.0</b>	<b>7.7%</b>
<b>Total Ops Frontline</b>	3,410.2	3,196.3	213.8	6.3%
Paramedics	2,077.4	1,889.8	187.6	9.0%
EAC / TEAC/EMT	1,332.8	1,306.6	26.2	2.0%
Non-frontline paramedics	242.6	209.5	33.0	13.6%
EOC	413.0	418.3	-5.27	-1.3%
Corporate and other staff	1,290.4	1,119.9	170.4	13%

## Trainee Emergency Ambulance Crew recruitment

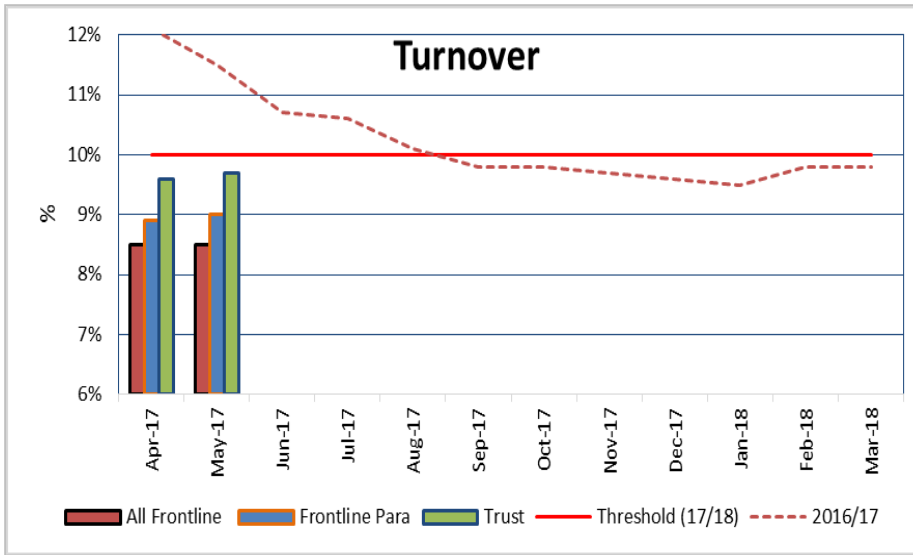
- We filled 52 out of 60 places in April and May and so far have filled 28 out of the 33 places in June.
- We have 201 applicants in our pipeline, 51 of whom are awaiting their C1 driving licences.

## EOC recruitment (Emergency Medical Dispatchers – EMDs)

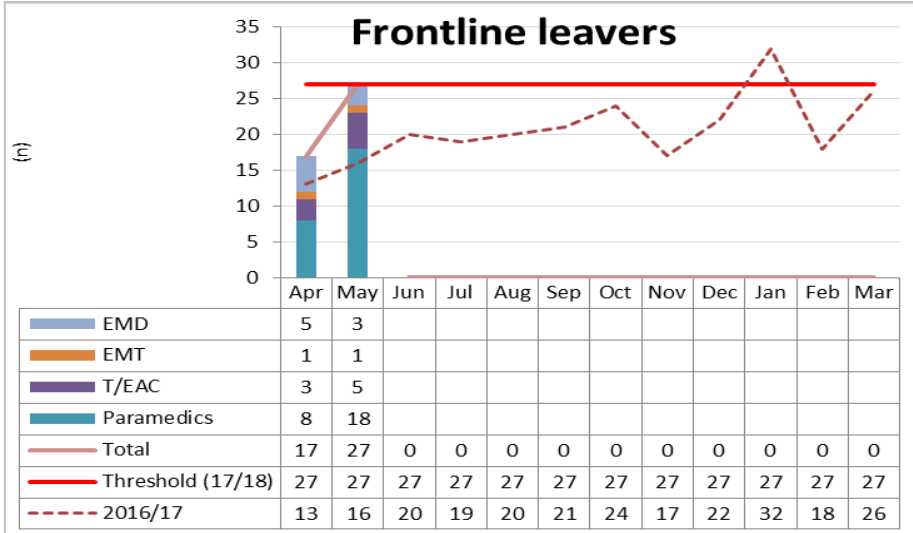
- We filled 12 out of 24 places in May and so far have filled 10 out of 14 places for June. Applicant numbers remain high but conversion rates through to shortlisting and interview are low.
- A further open evening is planned for 4<sup>th</sup> July 2017.



# Turnover/Leavers – Trust wide



- The total Trust turnover has increased from 9.6% to 9.7% (12 month rolling figure).
- *Frontline turnover has remained at 8.5%. Please note that this figure does not include Control Team or NHS 111 leavers.*
- *Frontline paramedic turnover has increased from 8.9% to 9%.*
- It has been agreed with Senior HR colleagues that all paramedic leavers are invited for an exit interview with local HR.
- The HR teams will work with their GSMs and Team leaders to encourage discussions with their iPara colleagues to determine their future plans and aspirations. This should form part of the appraisal review process, planned to be on a quarterly basis.



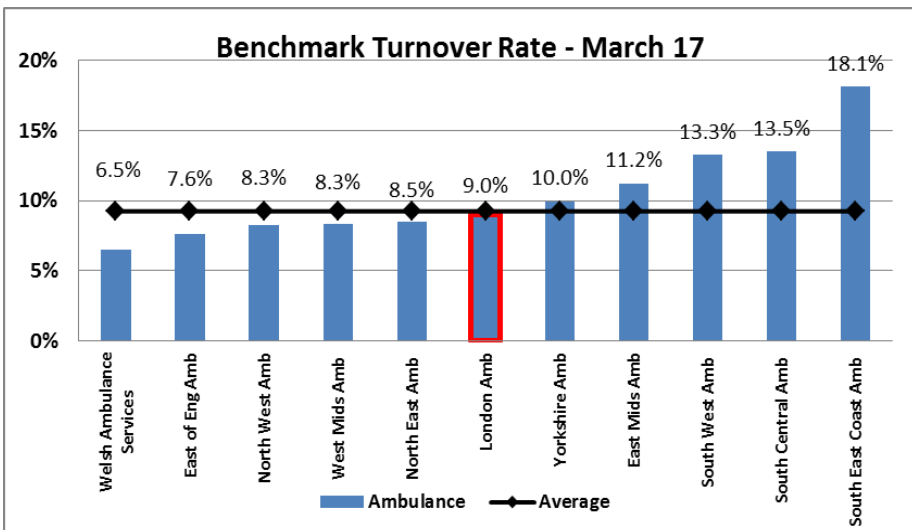
- There were 27 frontline leavers in May 2017 as follows:
- 18 paramedics (including 2 senior paramedics and 3 iParas), 5 T/EACs, 1 EMT and 3 EMDs.

### Reasons for leaving

- 5 of this group were planned leavers (retirements).
- The average paramedic length of service is five years.
- *The top two reasons for leaving are promotion and relocation.*

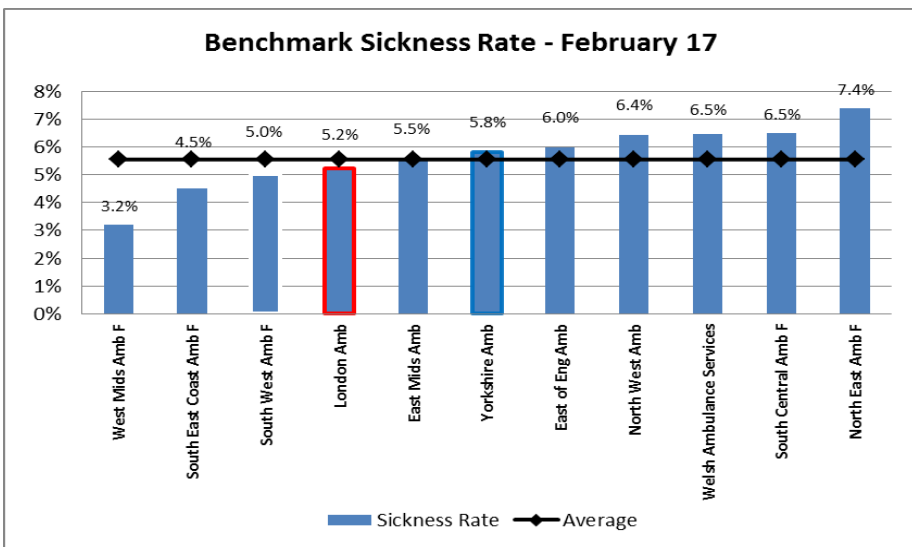


# Benchmarking Turnover/Sickness – Trust wide



- This graph shows the 12 month rolling turnover rate for all 11 Ambulance Trusts.
- The London Ambulance Trust has the 6<sup>th</sup> best turnover rate, one place down from the previous month. The LAS is below the national average of 9.24%.

Source of data: NHS Health and Social Care Information Centre – data as at 31<sup>st</sup> March 2017. Data is available two months in arrears.

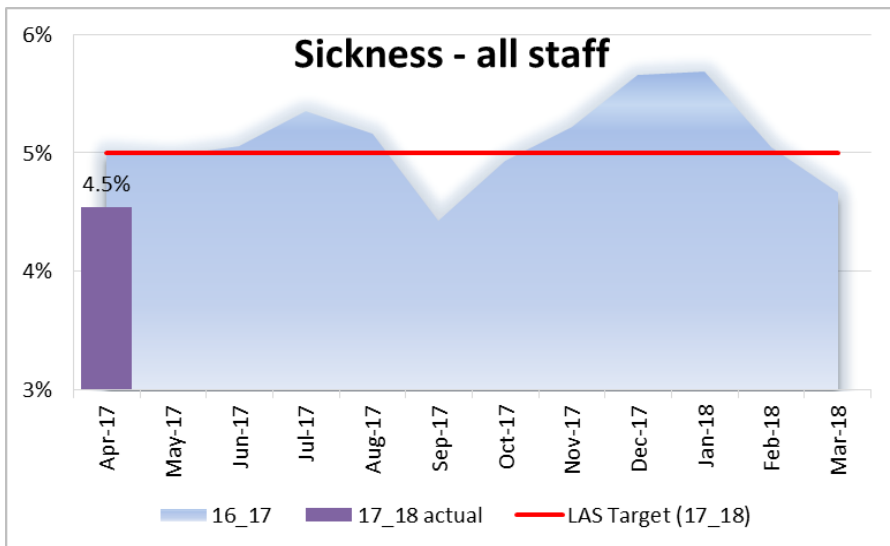


- This graph shows the sickness rate for all 11 Ambulance Trusts.
- The London Ambulance Service has moved down to 4th place.
- The LAS is below the national average of 5.6%.

Source of data: NHS Health and Social Care Information Centre – data as at 28<sup>th</sup> February 2017. Data is available three months in arrears.



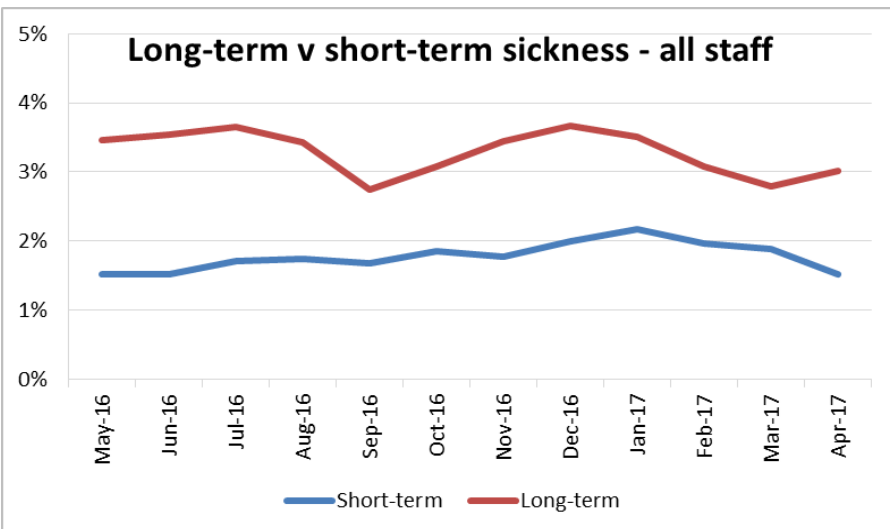
# Sickness Absence – Trust/Sector level



- Trust wide sickness for April was 4.5% (728 episodes, 7,118 days). The 12 month rolling level has reduced to 5.1%. This is equal to 91,218 days lost or an average of 18 days for each of our 5,182 staff for the 12 month period.
- Frontline sickness has reduced to 5.59% (12 month rolling).

Sector sickness rates

Sector	Apr-17	Mar-17
North Central	5.90%	5.91%
North East	7.14%	7.06%
North West	3.98%	4.15%
South East	5.36%	5.38%
South West	5.88%	5.96%

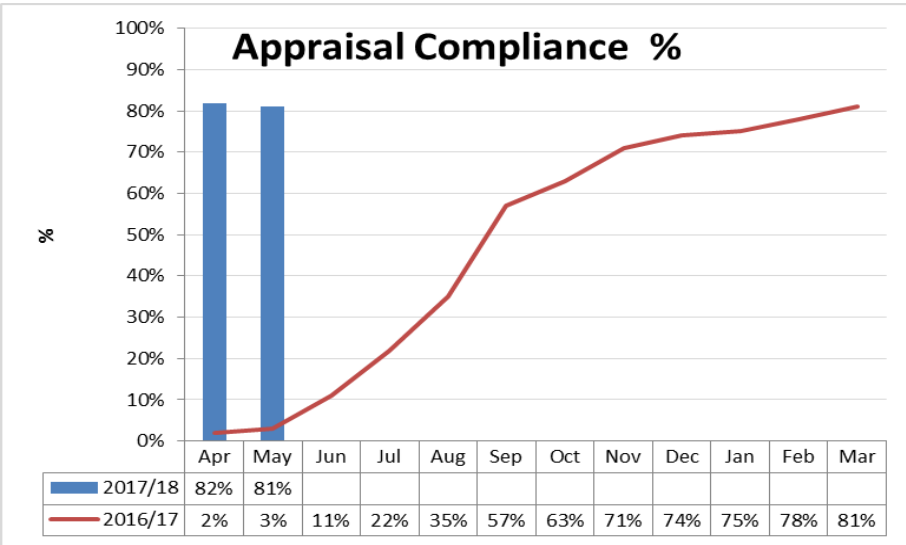


- This graph shows the sickness rate for all staff split by short-term and long-term sickness.
- The LAS 17/18 target for sickness is 5% (2% short-term, 3% long-term), a reduction of 0.5% from 16/17.
- In April there were 506 episodes of short-term sickness (2,336 days sickness). The average length of each episode was 4.6 days.
- Long-term sickness is any continuous episode of sickness lasting for 28 days or longer. In April there were 222 episodes of long-term sickness (4,782 days). Long-term sickness accounts for 64% of all sickness.

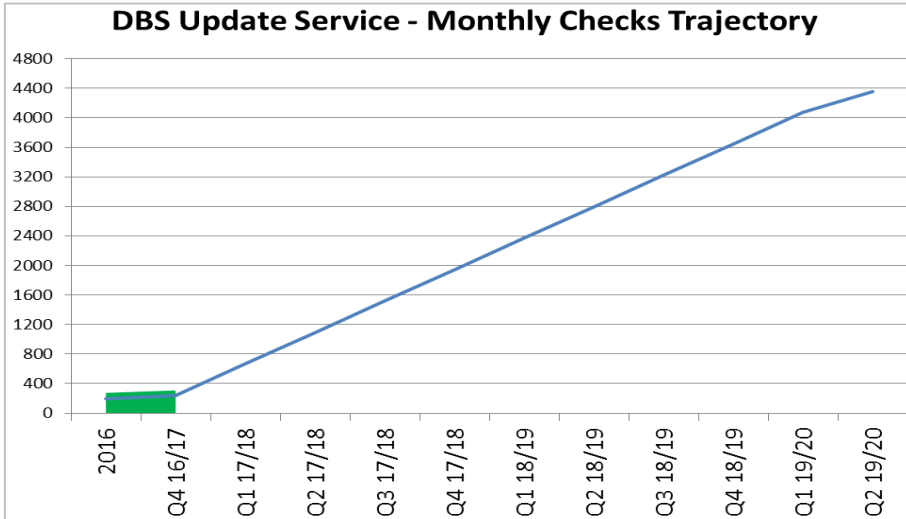




# Appraisal/DBS



- From 1<sup>st</sup> June 2016 to 31<sup>st</sup> May 2017 there have been 3,673 appraisals completed out of 4,451 eligible staff (we exclude those on long-term sick leave, career break, maternity leave and those who have worked for less than 9 months at LAS).
- We therefore have an 81% compliance rate (Operations 81%, Corporate 80%).
- *A total of 862 staff (19%) have an overdue appraisal. 240 (5%) have a recorded appraisal but are out of date and 628 (14%) have no recorded appraisal.*
- In line with most other NHS Trusts, we are now reporting our PDR Appraisal compliance on a 12 month rolling basis. This will enable the Trust to build on our highest ever end of year performance of 81.3% compliance.

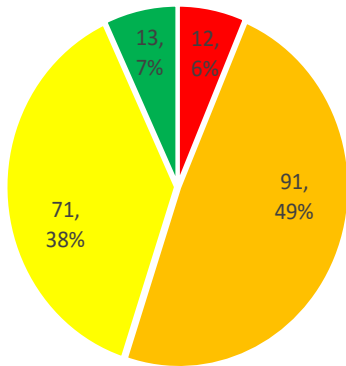


- *DBS rechecking* - We have exceeded the planned number of rechecks for 2016 and delivered our plan for Q4 16/17.
- The plan remains to complete the 4,500 checks by September 2019 (three years). To meet this target we need to ensure that 142 applications are in progress with the DBS each month.
- We have communicated the new process and issued to staff lists to HR and local management teams who will be supporting the process. These teams are best placed to identify staff availability and can escalate any resourcing or compliance issues.
- *DBS Update Service* - all starters from 1<sup>st</sup> April 2017 have a contractual term which requires them to sign up to the DBS Update Service. All recruitment adverts also highlight this requirement.

# Our Risks



Trust Risks by Risk Level



Risk Rating	Risk Level	Risks	Percentage
15-25	High	12	6%
8-12	Significant	91	49%
4-6	Moderate	71	38%
1-3	Low	13	7%
<b>Total</b>		<b>187</b>	

The Trust's risks are escalated via an established governance framework of committees, from local level meetings to the Trust Board. Thresholds are set for local, Trust, and Board Assurance level risks. They are reviewed and monitored at the appropriate committee meeting as set out in the Trust's Risk Assessment and Reporting Procedure (TP035).

Risks qualifying for inclusion for the Trust Risk Register (risks with a net score of 10 and above) and risks qualifying for inclusion on the Board Assurance Framework (risks with a net rating of 15 and above) need to be approved by the Risk Compliance and Assurance Group (RCAG) which currently sits monthly and reports into ELT.

The RCAG also has responsibility for approving the de-escalation of risks currently included on the Board Assurance Framework and Trust Risk Register. Compliance with management of risk at all levels is reviewed by the RCAG. A status report of local risk management is provided to the group and areas of non-compliance are highlighted to and escalated via the RCAG on a regular basis.

The Governance Team are working with risk coordinators and leads across all departments to assist them in ensuring their risks are updated on a regular basis in line with their net rating.

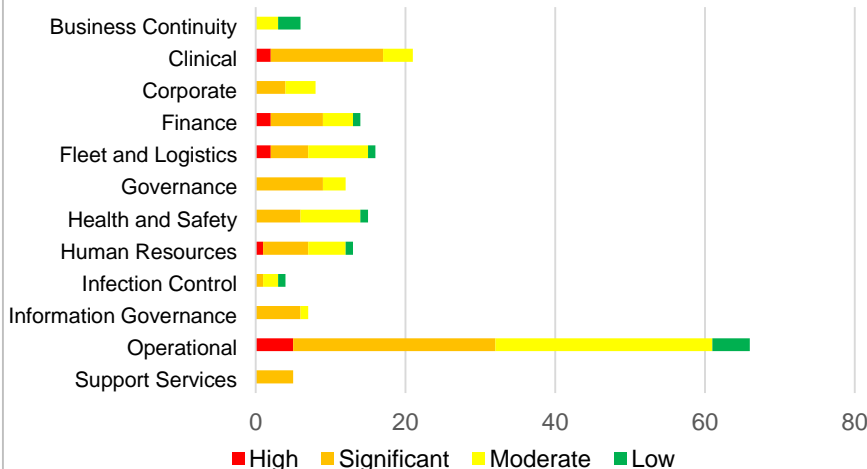
Each area has a designated contact from the Governance Team to support them. Feedback has been provided to each area on their risk registers and they have been invited to either attend a drop-in session or a meeting to facilitate their risk discussions. Each area was requested to review their own risk register compliance for review at the RCAG meeting on 12th May.

The register of risks approved showed the following at 13th June:

- Over half of the Trusts risk register has a risk level of High or Significant (55%) a decrease of 2% on the previous figure.
- Just over a third of the overall Trusts risks are Operations risks (35%), with Clinical risks accounting for 11% and Fleet and Logistics risks 9%.
- There are 12 risks with a risk level of High, these sit in Operations (5), Finance and Performance (2), Medical directorate (Clinical) (2), Fleet and Logistics (2) and HR/Workforce (1). Two of these risks are rated at 20 out of 25.

These charts reflect the trust risks by risk level and risk subtype. These are the approved risks rated 10 and above approved by RCAG and risks 9 and below which have been locally approved as at 13th June 2017.

Risks by Subtype





# Our Risks

The following risks are rated at 15 and 20 as of 13<sup>th</sup> June 2017.

Description	Controls in place	Assurance	Last review date	Risk Subtype	Rating (current)	Risk level (current)
NHSI expects all NHS trusts to achieve financial balance in 2017/18, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.	<ol style="list-style-type: none"> <li>1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles</li> <li>2. Clear view on operational capacity required to deliver ambulance performance targets</li> <li>3. Clear view of achievable productivity targets which support performance targets</li> <li>4. Clear view of operational staff recruitment against establishments targets as set. Clear sight these targets can be delivered</li> <li>5. Funding from CCGs is consistent with capacity, productivity and demand assessments</li> <li>6. Other factors such as investment for CQC are clearly understood, and associated funding identified</li> <li>7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified, managed and delivered.</li> <li>8. Inflationary pressures are understood and managed within the overall financial position</li> <li>9. Capital investment plans and their revenue consequences are understood.</li> </ol>	<p>Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee.</p> <p>The Trust has agreements in place on Band 6 funding and with lead commissioners around additional capacity funding. The Trust has improved its forecast outturn to £2.8m deficit subject to securing all agreed funding and STP incentives. On this basis it is appropriate to improve the net risk rating to 'possible' delivery to reflect this improvement. This was agreed at ELT on 22/3/2017</p>	22/03/2017	Finance	15	High
It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPs will threaten the ongoing viability and solvency of the Trust.	<ol style="list-style-type: none"> <li>1. Appropriate supporting evidence available for CIP.</li> <li>2. All CIPs supported by detailed milestone plan.</li> <li>3. All CIPs embedded in budgets.</li> <li>4. All CIPs owned by relevant manager.</li> <li>5. Benchmarking of CIP opportunity.</li> <li>6. CIP governance clearly defined and in place.</li> <li>7. Board/FIC scrutiny of CIP planning and delivery in place.</li> <li>8. CIPs delivering in line with expectations.</li> <li>9. Capacity and capability available to support delivery.</li> <li>10. All CIPs supported by Quality Inputs Assessments.</li> </ol>	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	23/03/2017	Finance	20	High
There is a risk that the agreed A8 trajectory for the current year may be adversely affected by sustained over-activity against contractually agreed growth.	<ol style="list-style-type: none"> <li>1. Surge Plan</li> <li>2. REAP</li> <li>3. OOS hub</li> <li>4. Clinical Hub</li> <li>5. Dispatch on Disposition 240 seconds implemented on 4th October 2016</li> <li>6. Static defib performance recovery group</li> <li>7. Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity</li> <li>8. Sickness management on-going</li> <li>9. Removed cat C determinants from FRU</li> <li>10. Robust management of activity and performance trajectories from 2017/18 contractual agreements</li> <li>11. alert and escalation: Gold Groups/daily calls arranged during periods of excessive demand reviewing clinical safety levels</li> <li>12. Increasing NETS/taxi journeys</li> </ol>	<p>NHSE regional oversight group monthly review (1)</p> <p>Strategic commissioning management board monthly review (1)</p> <p>Service Delivery Group (2, 3, 4, 9, 10)</p> <p>A&amp;E Resource Group (9)</p> <p>Operations Board</p> <p>Weekly tri-partite calls with NHSI, NHSE, and lead commissioners.</p> <p>Contract and performance meetings</p> <p>Strategic Commissioning management Board</p>	19/05/2017	Operational	20	High



# London Ambulance Service



NHS Trust

## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

### Abbreviations & Glossary





# Integrated Performance Report – Abbreviations & Glossary

Acronym	Meaning / Description
A19	Category A incidents requiring an 19 minute response
A8	Category A incidents requiring an 8 minute response
ADO	Assistant Directors of Operations
APP	Advanced Paramedic Practitioners
AQI	Ambulance Quality Indicator
BME	Black and Minority Ethnic
CARU	Clinical Audit and Research Unit
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CDLO	Controlled Drugs Liaison Officers
CISO	Clinical Information & Support Overview
CPI	Clinical Performance Indicator
CQUIN	Commissioning for Quality and Innovation
CRL	Capital Resource Limit
CRU	Cycle Response Unit
CSR	Core Skills Refresher (Training)
DBS	Disclosure & Barring Scheme
DOC	Duty of Candour
EAC	Emergency Ambulance Crew
ED	Emergency Department
ELT	Executive Leadership Team
EMD	Emergency Medical Dispatcher
EMT	Emergency Medical Technician
EOC	Emergency Operations Centre
ESR	Employee Service Record
FAST	Face, Arm, Speech, Time (Indicators of a Stroke)
FFT	Friends and Family Test
FLACC	Face, Legs, Activity, Cry, Consolable - paediatric pain scale
FRU	Fast Response Unit

Acronym	Meaning / Description
GCS	Glasgow Coma Scale
GTN	Glyceryl Trinitrate
HAC	Heart Attack Centres
HART	Hazardous Area Response Teams
HASU	Hyper Acute Stroke Unit
HCP	Health Care Professional
iPara	International Paramedic
JCT	Job Cycle Time
KPI	Key Performance Indicator
LIN	Local Intelligence Network
LINC	Listening Informal Non-Judgemental Confidential
MAR	Multiple Attendance Ratio
MRU	Motorcycle Response Unit
MTC	Major Trauma Centre
NETs	Non-Emergency Transport
OOH	Out Of Hours
PAS / VAS	Private / Voluntary Ambulance Services
PED	Patient Experiences Department
PFVH	Patient Facing Vehicle Hours
PRF	Patient Record Form
PTS	Patient Transport Service
QGAM	Quality, Governance and Assurance Manager
QIP	Quality Improvement Plan
QR	Quality Requirement
ROSC	Return of Spontaneous Circulation
SI	Serious Incident
STEMI	ST-Segment Elevation Myocardial Infarction
TEAC	Trainee Emergency Ambulance Crew
TRU	Tactical Response Unit
YTD	Year to Date
WTE	Whole Time Equivalent



# Integrated Performance Report – Glossary

Other Terminology	Meaning
Green ambulance outcomes	Lower acuity ambulance outcomes

LAS 111 (South East London)			
QR	Measure	Target	Description
	Total calls answered		Number of calls made to 111 and answered by an LAS call handler.
05	Calls answered within 60 seconds	95%	Of the total answered calls, how many were answered within 60 seconds of being queued for an advisor?
04	Calls abandoned after 30 seconds	1%	Of the total calls offered and reaching 30 seconds following being queued for an advisor, how many did the caller hang up before they were answered?
	Calls referred to a clinical advisor		Of the total answered calls, what percentage were directly triaged by a clinician during their 111 episode?
	Of calls transferred, percentage transferred warm		Of the total answered calls that were transferred to a trained 111 clinical advisor, how many were transferred while the caller was on hold?
13	Of call backs, percentage within 10 minutes	100%	Of the total calls where person was offered a call back by a 111 clinician, for how many was the person actually called back within 10 minutes of the end of their first call?
10	Calls referred to 999	10%	Of the total number of calls answered, what were the number of final dispositions that result in an ambulance being dispatched?
11	Calls referred to Emergency Department	5%	Of the total calls received and triaged by a 111 call handler or clinician, how many were referred to a type 1 or 2 A&E department?

Other London 111 service provider	Areas Covered
London Ambulance Service (LAS)	1. South East London
Care UK	1. Hillingdon, 2. North West London
Partnership of East London Co-operatives (PELC)	1. East London & City. 2. Outer North East London
London Central & West (LCW)	1. Inner North West London, 2. North Central London
Vocare	1. Croydon, 2. Wandsworth, 3. Sutton & Merton, 4. Kingston & Richmond



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>27<sup>th</sup> June 2017</b>
<b>Document Title:</b>	<b>Board Assurance Framework and Trust Risk Register June 2017</b>
<b>Report Author(s):</b>	<b>Frances Field</b>
<b>Presented by:</b>	<b>Philippa Harding</b>
<b>Contact Details:</b>	<b>Philippa.harding@lond-amb.nhs.uk</b>
<b>History:</b>	<b>N/A</b>
<b>Status:</b>	<b>Trust Risk Register and Board Assurance Framework - June 2017</b>

#### **Background/Purpose**

##### **Board Assurance Framework (BAF)**

The current version of the BAF has been reviewed and updated by the lead directors and there have been no additions since it was reported to the Trust Board in May 2017.

The BAF format is currently being refreshed and the future document will align the BAF risks with the Trust's Business Plan and objectives and the top five risks facing the organisation, which will be completed prior to the next Trust Board meeting

The top five risks faced by the organisation as reflected in their net ratings in the BAF are as follows:

- BAF Risk 34 (G&N rating of 20) achievement of financial balance
- BAF Risk 14 (G&N rating of 20) failure to identify and deliver CIPs
- BAF Risk 37 (G&N rating of 20) sustained over activity against contractually agreed growth
- BAF Risk 7 (G rating of 20, N rating of 16) patients suffer avoidable harm across shift changes.
- BAF Risk 39 (G rating of 20, N rating of 15) LAS CAD system operating with continued levels of activity above the contract base line

##### **Trust Risk Register (TRR)**

The current version of the TRR has been reviewed and updated by the risk owners. There were four risks added to the TRR following approval at the Risk Compliance and Assurance Group on the 15<sup>th</sup> June.

**Datix ID 609** - relating to ProQA Paramount and / or V13 of MPDS not being available for training. The Trust is required to use updated and current version of MPDS . This risk has a net score of Major x Possible = 12.

**Datix ID 140** – relating to the percentage of self-rostering and flexible working staff at the weekends potentially making it difficult to cover service requirements. This risk has a net score of Moderate x Likely = 12.

**Datix ID 327** – relating to delayed handovers at Barnet Emergency Department resulting in potential delays to new callers.

**Datix ID 589** – relating to the Clinical Hub not being able to achieve optimal staff retention which may impact on patient care.

One risk was removed from the TRR following review by the RCAG meeting on the 15<sup>th</sup> June.

**Datix ID 287** - relating to procedures becoming unfit for purpose due to dynamic changes arising from the Trust Being under increasing demand pressures.

#### Action required

To note the progress made with mitigating controls and actions for risks included in the Board Assurance Framework.

#### Links to Board Assurance Framework and key risks

All papers link to the Board Assurance Framework and key Trust risks.

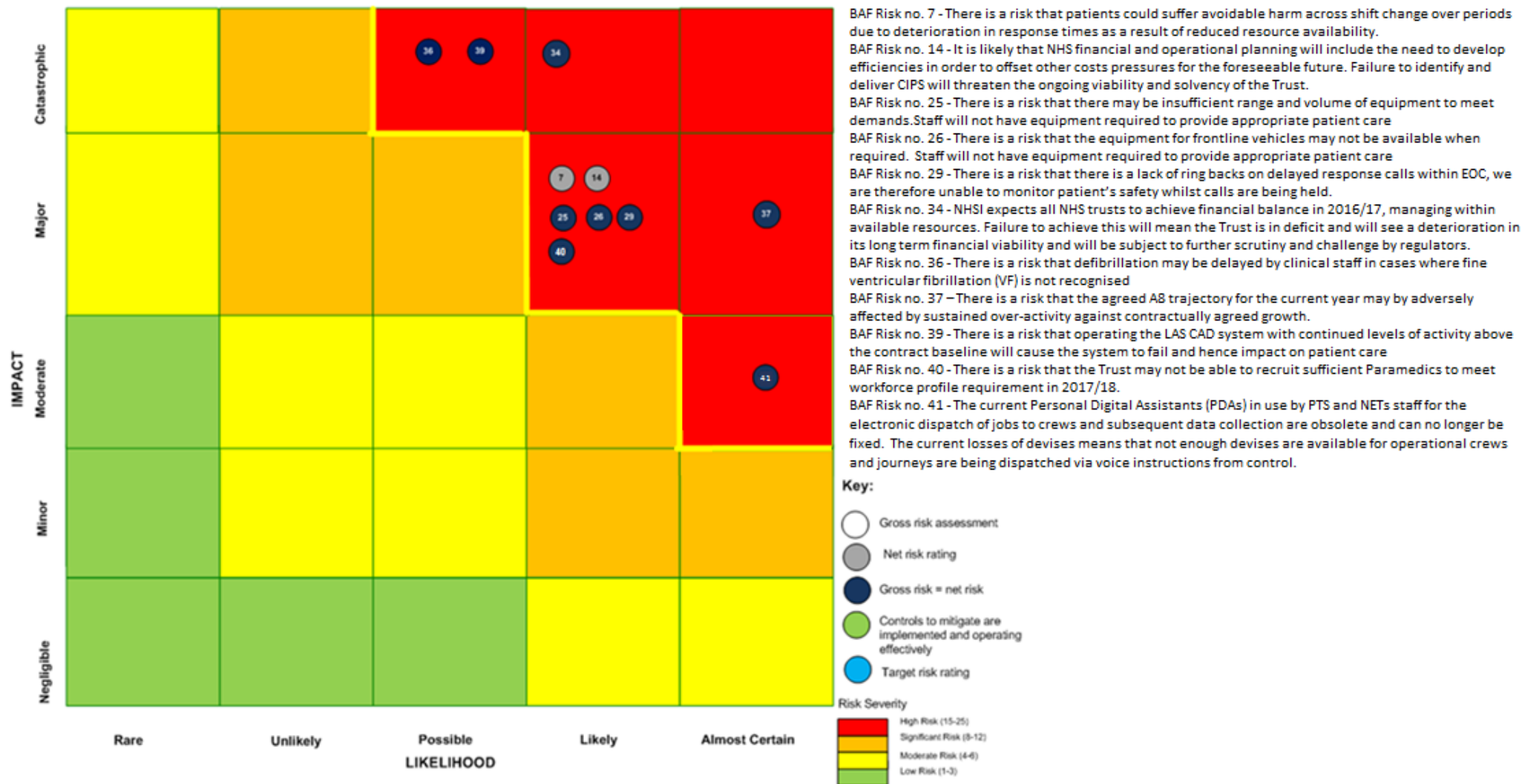
#### Key implications and risks in line with the risk appetite statement where applicable:

<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	The Board has a responsibility to put in place governance structures and processes to ensure that the organisation operates effectively and meets its strategic objectives.
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	
<b>Achieving Good Governance</b>	The Trust Risk Register and Board Assurance Framework provide the Trust Board with information on how the organisation is currently managing its risk and provides an



	opportunity for scrutiny and escalation where required.
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	
<b>Taking Pride and Responsibility</b>	

# Board Assurance Framework – June 2017



BAF Risks Summary Sheet

<b>Risk ID:</b> 26	<b>Description:</b> There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care.	<b>Risk opened:</b>	21/05/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/08/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  120	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes	T						G N			
		Formal review of scoring required after significant actions implemented to mitigate these issues. Suggested score possible x moderate in recognition there are still some equipment items that need to be supplied / replaced and that the shift to vehicle based equipment is not completed and will not be until Q3 this year.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				16	16	16	16	16	16	16	16	16	

<b>Risk ID:</b> 25	<b>Description:</b> There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care.	<b>Risk opened:</b>	21/05/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/08/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  121	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes	T						G N			
		Formal review of scoring required after significant actions implemented to mitigate these issues. Suggested score possible x moderate in recognition there are still some equipment items that need to be supplied / replaced and that the shift to vehicle based equipment is not completed and will not be until Q3 this year.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				16	16	16	16	16	16	16	16	16	

<b>Risk ID:</b> 34	<b>Description:</b> NHSI expects all NHS trusts to achieve financial balance in 2017/18, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.	<b>Risk opened:</b>	17/11/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/03/2018	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  214	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes				T				G N		
		Please note Trust wide finance risks will not close as they are systemic and recur on an annual basis. However, actions will be reviewed and refreshed annually to reflect new pressures and situations.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				20	20	20	20	20	20	20	15	15	

<b>Risk ID:</b> 14	<b>Description:</b> It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the ongoing viability and solvency of the Trust.	<b>Risk opened:</b>	20/06/2016	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	30/06/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  217	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes	T							G N		
		Please note Trust wide finance risks will not close as they are systemic and recur on an annual basis. However, actions will be reviewed and refreshed annually to reflect new pressures and situations.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				20	20	20	20	20	20	20	20	20	

Legend: G = Gross Rating | N = Net Rating | T = Target Rating

BAF Risks Summary Sheet

<b>Risk ID:</b> 29	<b>Description:</b> There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.	<b>Risk opened:</b>	28/02/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/03/2018	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  339	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes		T					G N			
		Expected closure date revised from 30/06/2017			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				16	16	16	16	16	16	16	16	16	

<b>Risk ID:</b> 7	<b>Description:</b> There is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.	<b>Risk opened:</b>	08/12/2006	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	30/09/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  430	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes		T					N	G		
					Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				20	20	16	16	16	16	16	16	16	

<b>Risk ID:</b> 36	<b>Description:</b> There is a risk that defibrillation may be delayed by clinical staff in cases where fine ventricular fibrillation (VF) is not recognised.	<b>Risk opened:</b>	28/07/2016	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/12/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  445	Risk Owner: Medical Director	<b>Is this risk on track for closure?</b>	No				T		G N				
		Pending the planning of future training / supervisory support for clinical staff.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
				15	15	15	15	15	15	15	15	15	

<b>Risk ID:</b> 37	<b>Description:</b> There is a risk that the agreed A8 trajectory for the current year may be adversely affected by sustained over-activity against contractually agreed growth.	<b>Risk opened:</b>	14/11/2016	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	01/10/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  531	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes					T			G N		
					Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
					16	16	16	16	16	16	16	16	

Legend: G = Gross Rating | N = Net Rating | T = Target Rating

BAF Risks Summary Sheet

<b>Risk ID:</b> 40	<b>Description:</b> There is a risk that the Trust may not be able to recruit sufficient Paramedics to meet workforce profile requirements in 2017/18.	<b>Risk opened:</b>	06/03/2017	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/05/2019	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b> 533	Risk Owner: Interim Director of HR	<b>Is this risk on track for closure?</b>	Yes	T						G N			
		This is part of the People & Organisational Development Plan for this year.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
										16	16	16	

<b>Risk ID:</b> 39	<b>Description:</b> There is a risk that operating the LAS CAD system with continued levels of activity above the contract baseline will cause the system to fail and hence impact on patient care.	<b>Risk opened:</b>	12/01/2017	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>		6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b> 577	Risk Owner: Interim CIO	<b>Is this risk on track for closure?</b>			T				N		G		
		An action plan is due to be put in place by the end of May 2017 at which point a closure date can be added to the risk details.			Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
							15	15	15	15	15	15	

<b>Risk ID:</b> 41	<b>Description:</b> The current Personal Digital Assistants (PDAs) in use by PTS and NETs staff for the electronic dispatch of jobs to crews and subsequent data collection are obsolete and can no longer be fixed. The current losses of devices means that not enough devices are available for operational crews and journeys are being dispatched via voice instructions from control.	<b>Risk opened:</b>	12/05/2017	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	30/06/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b> 598	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes	T					G N				
					Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
											15	15	

Legend: G = Gross Rating | N = Net Rating | T = Target Rating

**BAF Risk no. 26** There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care

<b>Risk Classification:</b> Finance	<b>Risk Owner:</b> Lorraine Bewes	<b>Scrutinising Committee:</b> Finance and Investment Committee		
<b>Underlying Cause/Source of Risk:</b> There is a perennial challenge in the nature of our business and our operating model in the context of increasing demand that we may have circumstances where equipment might be moved between vehicles or used or lost throughout the course of a shift.		<b>Gross Rating</b> <b>16</b>	<b>Current/Net Rating</b> <b>16</b>	<b>Target Rating</b> <b>6</b>
<b>Existing Controls</b>	<b>Positive Assurance of Controls</b>	<b>Further Actions</b>		<b>Due Date</b>
<ul style="list-style-type: none"> <li>1, Serial numbers on all re-usable equipment that can be accurately tracked.</li> <li>2, Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs</li> <li>3, Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays</li> <li>4, Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles</li> <li>5, Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles</li> <li>6, Electronic VDI pilot completed, all equipment has bar code or serial number</li> <li>7, NE VP pilot rolled out to include secure local equipment stores and day time "Quatermaster" role</li> <li>8, Interserve are providing feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.</li> <li>9, Current VP contract reviewed and any immediate changes are agreed</li> <li>10, Planned rollout of complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided completed</li> <li>11, Pilot project in NE area to provide and resupply equipment store implemented.</li> <li>12, Business case for the roll out of VP pan London has been agreed</li> <li>13, Project board and working groups established.</li> <li>14, Review of delivery standards completed</li> <li>15, New KPIs reported through to QIP</li> <li>16, Deep dive by QIP panel completed</li> </ul>	<ul style="list-style-type: none"> <li>1. Clinical Equipment Group;</li> <li>2. Asset tracking report;</li> <li>3. VP reports;</li> <li>4. VP Contract;</li> <li>5. Equipment Process;</li> <li>6. Project completion</li> <li>7. Board reports and meeting minutes.</li> </ul> <p><b>Gaps in Assurance</b></p> <p>None</p>	<ul style="list-style-type: none"> <li><b>1801</b> Roll out Vehicle Preparation to rest of service</li> <li><b>1802</b> Ensure adequate stocks of consumables and equipment are available to VP staff</li> <li><b>1803</b> Fully develop equipment database reports to indicate where any equipment is missing</li> </ul>	<ul style="list-style-type: none"> <li><b>31/08/2017</b></li> <li><b>31/08/2017</b></li> <li><b>31/08/2017</b></li> </ul>	

17, Preparation of tender documents and standard commencing DEC2016  
 18, Contract variations being developed to increase scope of works to include FRU and NETS vehicles  
 19, Proposal developed for the implementation of a depot based make Ready managers and 2 Make Ready Operations Managers to oversee the delivery of the contractor, coordinate more effectively with Fleet Workshop managers and local operational management teams on a daily basis.  
 20, Additional equipment is being sourced to facilitate the roll out where needed.  
 21, Vehicle equipment being recovered pan Trust. To date £350K (Nov2016)  
 22, Implementation of 'managed stock' project across the Trust in line with VP roll out.  
 23, Approval of BC for new vehicles for delivery during 2017

**Gaps in Controls**

Review of processes and controls in Logistics team  
 Review of medical device registers  
 Need for the development of a planned replacement programme for Medical equipment.  
 Development of a process that records missing equipment via CSU (PD33).  
 Approval of Fleet Strategy with aligned 'unit' equipment.

**Signed:** Wand, Justin

**Date Reviewed:** 19/05/2017



**BAF Risk no. 25** There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care

**Risk Classification:** Finance **Risk Owner:** Lorraine Bewes **Scrutinising Committee:** Finance and Investment Committee

**Underlying Cause/Source of Risk:**  
 There is a perennial challenge in the nature of our business and our operating model in the context of increasing demand that we may have circumstances where equipment might be moved between vehicles or used or lost throughout the course of a shift.

Gross Rating	Current/Net Rating	Target Rating
16	16	6

**Existing Controls** **Positive Assurance of Controls** **Further Actions** **Due Date**

1. Agreed 'standard load list' of vehicle equipment including re-usable v disposable in place.  
 2. Equipment stock levels agreed and maintained  
 3. Responsibility for each item of equipment clearly defined  
 4. Budget responsibilities for replacement equipment clear  
 5. Review of personal issue kit  
 6, A "core" equipment list for DCA & FRU has been defined and agreed  
 7, Funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution has been agreed.  
 8, An equipment amnesty and physical review all stations and complexes for "retained" equipment has been undertaken.  
 9, A new paper based VP VDI form has been introduced.  
 10, Pilot to assess benefits of VP proposal carried out and documents describing benefit drafted.  
 11, BC for roll out of VP system pan London developed.  
 12, Board approval gained for BC  
 13, Project board and working group developed  
 14, Project plan defined and agreed  
 15, Additional equipment purchased to support roll out  
 16, project reclaiming, decontaminating and resupplying medical equipment established.  
 17, 'Managed stores' system established to support VP and daily supply of medical consumables  
 18, 'Blanket' trial and evaluation established and recommendations developed.  
 19, KPIs developed and monitored for the completion of wash and stocking of vehicles  
 20, Medicines management programme defined encapsulating all aspects of prep, supply and delivery, collection and disposal.  
 21, Development of Bag Review Group in April 2017 working schedule to review and replace modular bags as required and for personal issue equipment to be phased out

1. Progress made in agreement of core equipment and further equipment amnesty.  
 2. Decontamination of equipment commenced and robust.  
 3. Analysis of asset tracking systems being undertaken.  
 4. VP VDI improved  
 5. Ops VDI process changed and LA1 updated  
 6. required committees and working groups have been established to review

**Gaps in Assurance**

None

**498** Roll out VP hubs to 14 sites Trust Wide  
**499** Implement working group to review personal issue kit – check status of any existing work with CEG



**Gaps in Controls**

Review of all logistics processes.  
Review of KPIs detailing equipment supply on shift by shift basis  
Review of equipment inventory including maintenance records  
Review of contracts for equipment support  
Development of project group to support the aim of vehicle based  
equipment removing 'personal issue' equipment from staff.  
Real time reporting of asset tracking

**Signed:** Wand, Justin

**Date Reviewed:** 19/05/2017



**BAF Risk no. 34** NHSI expects all NHS trusts to achieve their control total in 2017/18, managing within available resources. Failure to achieve this will mean the Trust will see a deterioration in its long term financial viability, loss of STP funding and will be subject to further scrutiny and challenge by regulators.

**Risk Classification:** Finance **Risk Owner:** Lorraine Bewes **Scrutinising Committee:** Finance & Investment Committee

**Underlying Cause/Source of Risk:** Failure to achieve this will mean the Trust is in deficit and will see deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.

Gross Rating	Current/Net Rating	Target Rating
20	15	10

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date
-------------------	--------------------------------	-----------------	----------

<p>1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles</p> <p>2. Clear view on operational capacity required to deliver ambulance performance targets</p> <p>3. Clear view of achievable productivity targets which support performance targets</p> <p>4. Clear view of operational staff recruitment against establishments targets as set. Clear sight these targets can be delivered</p> <p>5. Funding from CCGs is consistent with capacity, productivity and demand assessments</p> <p>6. Other factors such as investment for CQC are clearly understood, and associated funding identified</p> <p>7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified, managed and delivered.</p> <p>8. Inflationary pressures are understood and managed within the overall financial position</p> <p>9. Capital investment plans and their revenue consequences are understood.</p> <p><b>Gaps in Controls</b></p> <p>See actions to be taken</p>	<p>Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee.</p> <p>The Trust has agreements in place on Band 6 funding and with lead commissioners around additional capacity funding. The Trust has improved its forecast outturn to £2.8m deficit subject to securing all agreed funding and STP incentives. On this basis it is appropriate to improve the net risk rating to 'possible' delivery to reflect this improvement. This was agreed at ELT on 22/3/2017</p> <p><b>Gaps in Assurance</b></p> <p>None identified</p>	<table border="1" data-bbox="1361 526 1939 1335"> <tbody> <tr> <td>3935</td> <td>Ensure Trust adheres to all agency caps and controls (including IR35)</td> <td>Completed 31/03/2017</td> </tr> <tr> <td>3929</td> <td>Appropriately funded contract agreed with commissioners and signed off by all CCGs</td> <td>31/05/2017</td> </tr> <tr> <td>3930</td> <td>All areas of investment approved and agreed including the Trust Strategy and Transformation Programme</td> <td>Completed 31/03/2017</td> </tr> <tr> <td>3931</td> <td>Ensure CIP plans are robust</td> <td>Completed 31/03/2017</td> </tr> <tr> <td>3932</td> <td>Ensure Capex investment plans and associated revenue funding are defined and agreed for IM&amp;T, Fleet and Estates</td> <td>Completed 31/03/2017</td> </tr> <tr> <td>3933</td> <td>Ensure Fleet, IT and Estates Strategies are agreed and ratified by the Logistics and Infrastructure Committee</td> <td>30/06/2017</td> </tr> <tr> <td>3956</td> <td>Procure and Implement a more user friendly Forecasting system that can be readily informed and accessed by non finance staff</td> <td>31/09/2017</td> </tr> <tr> <td>3934</td> <td>Ensure Agreed Trust Strategy is aligned with financial plans</td> <td>31/10/2017</td> </tr> </tbody> </table>	3935	Ensure Trust adheres to all agency caps and controls (including IR35)	Completed 31/03/2017	3929	Appropriately funded contract agreed with commissioners and signed off by all CCGs	31/05/2017	3930	All areas of investment approved and agreed including the Trust Strategy and Transformation Programme	Completed 31/03/2017	3931	Ensure CIP plans are robust	Completed 31/03/2017	3932	Ensure Capex investment plans and associated revenue funding are defined and agreed for IM&T, Fleet and Estates	Completed 31/03/2017	3933	Ensure Fleet, IT and Estates Strategies are agreed and ratified by the Logistics and Infrastructure Committee	30/06/2017	3956	Procure and Implement a more user friendly Forecasting system that can be readily informed and accessed by non finance staff	31/09/2017	3934	Ensure Agreed Trust Strategy is aligned with financial plans	31/10/2017	
3935	Ensure Trust adheres to all agency caps and controls (including IR35)	Completed 31/03/2017																									
3929	Appropriately funded contract agreed with commissioners and signed off by all CCGs	31/05/2017																									
3930	All areas of investment approved and agreed including the Trust Strategy and Transformation Programme	Completed 31/03/2017																									
3931	Ensure CIP plans are robust	Completed 31/03/2017																									
3932	Ensure Capex investment plans and associated revenue funding are defined and agreed for IM&T, Fleet and Estates	Completed 31/03/2017																									
3933	Ensure Fleet, IT and Estates Strategies are agreed and ratified by the Logistics and Infrastructure Committee	30/06/2017																									
3956	Procure and Implement a more user friendly Forecasting system that can be readily informed and accessed by non finance staff	31/09/2017																									
3934	Ensure Agreed Trust Strategy is aligned with financial plans	31/10/2017																									

**Signed:** Michael John **Date Reviewed:** 15/06/2017

**BAF Risk no. 14** It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the ongoing viability and solvency of the Trust.

**Risk Classification:** Finance **Risk Owner:** Lorraine, Bewes **Scrutinising Committee:** Finance & Investment Committee

<b>Underlying Cause/Source of Risk:</b> • Appropriate supporting evidence not available • CIPs not supported by detailed milestone plan. • CIPs not embedded in budgets. • CIPs not owned by relevant manager. • Benchmarking of CIPs not undertaken. • CIP governance not clearly defined and in place. • Board/FIC scrutiny of CIP planning and delivery not in place. • CIPs not delivering in line with expectations. • Capacity and capability not available to support delivery.	<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
	<b>20</b>	<b>20</b>	<b>6</b>

<b>Existing Controls</b>	<b>Positive Assurance of Controls</b>	<b>Further Actions</b>	<b>Due Date</b>																														
1. Appropriate supporting evidence available for CIP. 2. All CIPs supported by detailed milestone plan. 3. All CIPs embedded in budgets. 4. All CIPs owned by relevant manager. 5. Benchmarking of CIP opportunity. 6. CIP governance clearly defined and in place. 7. Board/FIC scrutiny of CIP planning and delivery in place. 8. CIPs delivering in line with expectations. 9. Capacity and capability available to support delivery. 10. All CIPs supported by Quality Inputs Assessments.	<b>Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee</b>  <b>Gaps in Assurance</b>  None identified	<table border="1"> <tr> <td style="background-color: #f2f2f2;"><b>2609</b></td> <td>Review 17/18 CIP plan and develop detail and ownership (see sub actions)</td> <td style="background-color: #f2f2f2;"><b>Complete 19/04/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3918</b></td> <td>Re-establish Environment &amp; Resources Group</td> <td style="background-color: #f2f2f2;"><b>31/07/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3919</b></td> <td>Review QIA Process to ensure Best Practice</td> <td style="background-color: #f2f2f2;"><b>31/07/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3922</b></td> <td>Finalise 2017/18 PIDs with Executive Leads</td> <td style="background-color: #f2f2f2;"><b>Complete 14/06/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3923</b></td> <td>Integrate CIP programme with Trust Business Plan for 2017/18</td> <td style="background-color: #f2f2f2;"><b>Complete 14/06/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3958</b></td> <td>Appoint a benefits manager to support the delivery of sustainable multi year CIP and realise benefits from investments in the Transformation programme</td> <td style="background-color: #f2f2f2;"><b>31/07/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3924</b></td> <td>Develop a detailed 2 year CIP plan</td> <td style="background-color: #f2f2f2;"><b>30/09/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3920</b></td> <td>Review and Update CIP Processes and procedures ahead of 18/19 planning cycle</td> <td style="background-color: #f2f2f2;"><b>30/09/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3917</b></td> <td>Develop Dynamic Benchmarking information through leading as an Ambulance Pilot in the Model Hospital Programme</td> <td style="background-color: #f2f2f2;"><b>30/09/2017</b></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>3921</b></td> <td>Embed all Internal Audit agreed recommendations from April 2017 report</td> <td style="background-color: #f2f2f2;"><b>31/03/2018</b></td> </tr> </table>	<b>2609</b>	Review 17/18 CIP plan and develop detail and ownership (see sub actions)	<b>Complete 19/04/2017</b>	<b>3918</b>	Re-establish Environment & Resources Group	<b>31/07/2017</b>	<b>3919</b>	Review QIA Process to ensure Best Practice	<b>31/07/2017</b>	<b>3922</b>	Finalise 2017/18 PIDs with Executive Leads	<b>Complete 14/06/2017</b>	<b>3923</b>	Integrate CIP programme with Trust Business Plan for 2017/18	<b>Complete 14/06/2017</b>	<b>3958</b>	Appoint a benefits manager to support the delivery of sustainable multi year CIP and realise benefits from investments in the Transformation programme	<b>31/07/2017</b>	<b>3924</b>	Develop a detailed 2 year CIP plan	<b>30/09/2017</b>	<b>3920</b>	Review and Update CIP Processes and procedures ahead of 18/19 planning cycle	<b>30/09/2017</b>	<b>3917</b>	Develop Dynamic Benchmarking information through leading as an Ambulance Pilot in the Model Hospital Programme	<b>30/09/2017</b>	<b>3921</b>	Embed all Internal Audit agreed recommendations from April 2017 report	<b>31/03/2018</b>	
<b>2609</b>	Review 17/18 CIP plan and develop detail and ownership (see sub actions)	<b>Complete 19/04/2017</b>																															
<b>3918</b>	Re-establish Environment & Resources Group	<b>31/07/2017</b>																															
<b>3919</b>	Review QIA Process to ensure Best Practice	<b>31/07/2017</b>																															
<b>3922</b>	Finalise 2017/18 PIDs with Executive Leads	<b>Complete 14/06/2017</b>																															
<b>3923</b>	Integrate CIP programme with Trust Business Plan for 2017/18	<b>Complete 14/06/2017</b>																															
<b>3958</b>	Appoint a benefits manager to support the delivery of sustainable multi year CIP and realise benefits from investments in the Transformation programme	<b>31/07/2017</b>																															
<b>3924</b>	Develop a detailed 2 year CIP plan	<b>30/09/2017</b>																															
<b>3920</b>	Review and Update CIP Processes and procedures ahead of 18/19 planning cycle	<b>30/09/2017</b>																															
<b>3917</b>	Develop Dynamic Benchmarking information through leading as an Ambulance Pilot in the Model Hospital Programme	<b>30/09/2017</b>																															
<b>3921</b>	Embed all Internal Audit agreed recommendations from April 2017 report	<b>31/03/2018</b>																															
<b>Gaps in Controls</b>  See actions to be taken																																	

**Signed:** Michael John **Date Reviewed:** 15/06/2017

**BAF Risk no. 29** There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.

**Risk Classification:** Operational **Risk Owner:** Cranmer, Pauline **Scrutinising Committee:** Quality Governance Committee

<b>Underlying Cause/Source of Risk:</b> Availability of frontline resources Availability of EOC staff Demand	<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
	16	16	8

**Existing Controls** **Positive Assurance of Controls** **Further Actions** **Due Date**

<p>1. Clinical Hub scrutiny of held calls 2. Ring back status monitors. 3. Redistribution of staff to ringback functions as required 4. On-going recruitment and retention activities 5. Operational Procedures on ring backs (OP23) 6. Exit messaging – worsening advice</p> <p><b>Gaps in Controls</b></p> <p>1. On-going further vacancies against the increasing demand means the impact on ability to carry out ring backs remains high. 2. ORH report received due to go to ELT, identifies minimum of 31 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing level. 3. Additional front line resources are required.(covered by BAF risk 265 and 388) 4) Recruitment of additional EMDs to EOC against the establishment. Plan for 2017/18, but filling courses proving challenging.</p>	<p>Hub activity report weekly (1) Watch Manager live monitoring (2) IDM handover report and call taking manager's log (3) Serious Incident types reported through Control Services</p> <p><b>Gaps in Assurance</b></p> <p>ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing level.</p>	<p><b>1062</b> Evaluation of the ringback function <b>1381</b> ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing <b>1382</b> Control Services to provide a report to the ELT on how they can create further capacity within the Service in order to determine the specific number of additional staff required for the base line staffing level <b>2120</b> Delivery of EOC improvement programme (ringback process and desk realignment) <b>4278</b> Recruitment of EMDs to EOC <b>4280</b> Review the possibility of additional Operational staff to support EOC ringback function</p>	<p>Complete Complete (7/03/2017)</p> <p>Complete (12/04/2017)</p> <p>31/09/2017</p> <p>31/03/2018</p> <p>31/03/2018</p>
---	---	---	---

**Signed:** Pauline Cranmer **Date Reviewed:** 06/06/2017

**BAF Risk no. 7** There is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.

**Risk Classification:** Operational **Risk Owner:** Woodrow, Paul **Scrutinising Committee:** Quality Governance Committee

**Underlying Cause/Source of Risk:** Roster configuration, Rest break arrangements, Increased OOS, High demand, Response model, Staff wanting to finish their shifts on time and avoid late finishes

Gross Rating	Current/Net Rating	Target Rating
20	16	8

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date
<p>1. Daily focus to place MRU/CRU/TRU/HART and APPs on rest break during rest break window</p> <p>2. Current target in place for 5 DCAs per hour of rest break window to be placed on rest breaks per 12 hour shift</p> <p>3. Management and escalation of staff who actively avoid having a rest break</p> <p>4. Parallel work in progress to protect end of shift times to avoid late jobs (as reasonably possible)</p> <p>5. Current negotiations with the Trade Unions regarding the implementation of a new rest break policy</p> <p>6. On-going rigorous management of out of service.</p> <p><b>Gaps in Controls</b></p> <p>1. Culture and behaviour of staff being driven by perverse incentives within the current rest break agreement</p> <p>2. The want of staff to end their shift on time and avoid late finishes</p> <p>3. Sufficient management capacity within EOC</p> <p>4. Management of non-compliance with rest break allocations</p>	<p>1. Re-focused DDS desk within EOC to allocate rest breaks</p> <p>2. Rest break dashboard developed to give oversight of compliance and performance</p> <p>3. KPIs in place to monitor rest break allocation as part of the Quality Improvement Plan KPI report</p> <p>4. Monthly updates provided to the scrutinising committees on progress and compliance</p> <p><b>Gaps in Assurance</b></p> <p>1. There appears to be a relationship between the number of rest breaks allocated per day and out of service (OOS) rates at shift end. The more rest breaks that are given the higher the end of shift OOS and this is being looked into</p>	<p><b>3847</b> Review management capacity within EOC</p> <p><b>3845</b> Agree the new rest break policy with Trade Unions</p> <p><b>3844</b> Current rest breaks arrangements to be robustly applied</p> <p><b>3846</b> Implement new rest break policy</p>	<p>31/03/2017</p> <p>30/06/2017</p> <p>Complete (19/05/2017)</p> <p>01/07/2017</p> <p>01/07/2017</p> <p>01/07/2017</p>
		<p><b>4631</b> Commence operational roster review</p> <p><b>4632</b> Enact end of shift protection arrangements</p>	<p>01/07/2017</p> <p>01/07/2017</p>

**Signed:** McKenna, Peter

**Date Reviewed:** 19/05/2017

**BAF Risk no. 36** There is a risk that defibrillation may be delayed by clinical staff in cases where fine ventricular fibrillation (VF) is not recognised

**Risk Classification:** Clinical **Risk Owner:** Wrigley, Fenella **Scrutinising Committee:** Quality Governance Committee

**Underlying Cause/Source of Risk:** There have been a number of cases identified by telephone during clinical on-call and during attendance at resuscitation attempts where staff have identified VF but failed to deliver shocks as they have judged that the ECG demonstrates fine VF and their interpretation of current LAS guidance is that Trust policy is not to shock fine VF and to continue resuscitation until such time as the VF coarsens.

Gross Rating	Current/Net Rating	Target Rating
15	15	5

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date
Recent revision of Trust internal Adult Advanced Life Support guidance to provide further advice and clarification around the management of fine VF CSR updates specifically addressing the need to provide prompt defibrillation in cases of VF with apparent signs of life.	Increasing numbers of monitor-defibrillator downloads are being obtained by Advanced Paramedic Practitioners and Clinical Team Leaders which will enable treatment of VF to be monitored. Records are maintained of staff attending CSR training.	<b>2128</b> To monitor the incidences of VF arrests where there has been a delayed time to shock <b>1201</b> Increase number of defibrillator downloads to monitor trends <b>1200</b> Medical Bulletin - Management of ventricular fibrillation <b>1228</b> CSR updated with revised training notes for current training schedule of CSR2016.2	<b>31/12/2017</b> <b>31/12/2017</b> Complete Complete
<p><b>Gaps in Controls</b></p> <p>Revisions to Trust guidance are publicised via The Pulse and the information is available electronically. The Trust does not provide a means through which operational staff can access these documents remotely when deployed on frontline clinical duties. All staff should attend Core Skills Refresher training but a period of time will elapse before a critical mass of staff have undertaken this training.</p>	<p><b>Gaps in Assurance</b></p> <p>Overall, the number of monitor-defibrillator downloads obtained as a proportion of the total number of resuscitation attempts within the Service remains relatively low.</p>		

**Signed:** Nevett, Joanne

**Date Reviewed:** 14/06/2017

**BAF Risk no. 37** There is a risk that the agreed A8 trajectory for the current year may be adversely affected by sustained over-activity against contractually agreed growth

**Risk Classification:** Operational      **Risk Owner:** Woodrow, Paul      **Scrutinising Committee:** Audit Committee

**Underlying Cause/Source of Risk:** Demand, productivity, financial constraints

Gross Rating	Current/Net Rating	Target Rating
20	20	12

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date	
1. Surge Plan 2. REAP 3. OOS hub 4. Clinical Hub 5. Dispatch on Disposition 240 seconds implemented on 4th October 2016 6. Static defib performance recovery group 7. Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity 8. Sickness management on-going 9. Removed cat C determinants from FRU 10. Robust management of activity and performance trajectories from 2017/18 contractual agreements 11. alert and escalation: Gold Groups/daily calls arranged during periods of excessive demand reviewing clinical safety levels 12. Increasing NETS/taxi journeys  <b>Gaps in Controls</b>  None identified	NHSE regional oversight group monthly review (1) Strategic commissioning management board monthly review (1) Service Delivery Group (2, 3, 4, 9, 10) A&E Resource Group (9) Operations Board Weekly tri-partite calls with NHSI, NHSE, and lead commissioners. Contract and performance meetings Strategic Commissioning management Board	<b>2029</b> Reduction in JCT of 7 minutes from baseline by. <b>2030</b> Increasing NETS/taxi journeys <b>2031</b> Development of performance improvement programme (over-arching programme of recovery actions) <b>2032</b> Co-responding schemes full rollout across London (MPS / LFB) <b>2033</b> Increase operational in-post from 95% to 100% <b>2027</b> Undertaking review of MPS/METDG and MAR <b>2752</b> Additional Resources to be added to METDG desk function <b>2753</b> Resilience workshop to be held. <b>3487</b> Increase operational establishment by (WTE TBC) posts funded through additional investment from CCGs as part of the 2017/18 contract. <b>4638</b> Complete planning for ARP implementation	30/06/2017  Complete 30/06/2017  Revise 30/06/2017  29/09/2017  Complete  Complete  Complete 31/03/2018  01/10/2017	
	<b>Gaps in Assurance</b>		<b>2752</b>	Complete
	None identified		<b>2753</b>	Complete
			<b>3487</b>	31/03/2018
			<b>4638</b>	01/10/2017

**Signed:** Woodrow, Paul      **Date Reviewed:** 19/05/2017

**BAF Risk no. 40**      There is a risk that the Trust may not be able to recruit sufficient Paramedics to meet workforce profile requirements in 2017/18.

**Risk Classification:** HR / Workforce      **Risk Owner:** Patricia Grealish      **Scrutinising Committee:** Audit Committee

**Underlying Cause/Source of Risk:** Increase in paramedic numbers over and above planned 2016 levels in order to meet agreed 2017/18 contract; existing and known shortfall in supply of UK graduate paramedics, exacerbated by “fallow year” in 2017 due to degree programme extending from 3 to 4 years.

Gross Rating	Current/Net Rating	Target Rating
<b>16</b>	<b>16</b>	<b>8</b>

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date
-------------------	--------------------------------	-----------------	----------

<ul style="list-style-type: none"> <li>• Recruitment Plan for 2017/18 developed against initial requirement for paramedics (prior to agreed projected increase in demand)</li> <li>• Based on anticipated graduate numbers (90) and apprentice paramedics (76), an additional requirement for c.400 has now been confirmed, 300 of which we have already planned to source internationally.</li> <li>• Clinical Education capacity identified</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Skill mix profile as yet undefined/unconfirmed.</li> <li>• Identify source of supply of c. 100 additional paramedics</li> </ul> <p><b>Gaps in Assurance</b></p>	<ul style="list-style-type: none"> <li>• Initial recruitment Plan for 2017/18 developed.</li> <li>• Monthly meetings with Director of Transformation and leads from Clinical Education, Recruitment and Workforce information to review on-going intake and forward planning.</li> <li>• Monthly reporting to ELT on front line recruitment.</li> <li>• Progress against recruitment plan a standing item at Workforce and OD Committee</li> <li>• Number of Paramedics required identified.</li> <li>• International Recruitment campaign underway in Australia.</li> <li>• Healthy TEAC recruitment pipeline</li> <li>• Working with universities to encourage graduates to London.</li> <li>• Implementation of Band 6 - will reduce migration to other Trusts.</li> <li>• Improved workforce planning and reporting.</li> <li>• Closer working relationships with HEE.</li> <li>• Potential conversion of other HCPs.</li> </ul>	<ul style="list-style-type: none"> <li><b>3257</b> Increased Recruitment activity and engagement with Universities/graduates</li> <li><b>3259</b> Improved workforce planning and reporting</li> <li><b>3258</b> International Recruitment of paramedics</li> <li><b>4135</b> Explore strategies/benefits to encourage UK graduates to see LAS as 'employer of choice'.</li> <li><b>4132</b> Continue to identify additional partner Universities</li> <li><b>4133</b> Review mentoring capacity</li> <li><b>4128</b> Review skill mix in line with clinical strategy</li> <li><b>4129</b> Review skill mix in line with ARP</li> <li><b>4130</b> Apprentice paramedic pipeline including EAC progression further development of LAS Academy pathway</li> <li><b>4131</b> Improved workforce planning and reporting</li> </ul>	<ul style="list-style-type: none"> <li>Complete (05/05/2017)</li> <li>30/03/2018</li> <li>Complete (18/04/2017)</li> <li>31/07/2017</li> <li>31/10/2017</li> <li>31/12/2017</li> <li>31/12/2017</li> <li>31/12/2017</li> <li>31/12/2017</li> <li>31/12/2017</li> <li>30/03/2018</li> </ul>
--	--	--	--

**Signed:** Tracey Watts      **Date Reviewed:** 19/05/2017



**BAF Risk no. 39** There is a risk that operating the LAS CAD system with continued levels of activity above the contract baseline will cause the system to fail and hence impact on patient care.

<b>Risk Classification:</b> IM&T	<b>Risk Owner:</b> Wynn, Vic	<b>Scrutinising Committee:</b> Executive Leadership Team		
<b>Underlying Cause/Source of Risk:</b> Through the RCA of a technical fault. The CAD experienced an outage in the early hours of New Year's Day 2017 resulting in the need for the Trust to move dispatch processes to paper. New Year's Day represents one of the busiest periods of time for LAS. As paper based dispatch is slower than CAD this could have resulted in patients experiencing a delay in response times.		<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
		<b>20</b>	<b>15</b>	<b>5</b>
<b>Existing Controls</b>	<b>Positive Assurance of Controls</b>	<b>Further Actions</b>		<b>Due Date</b>
1. Resilience designed into the CAD architecture (multiple servers with semi-automated failover and secondary datacentre sites) to cater for complete CAD failure. 2. Maintenance Contract in place with the supplier to recover the system from incidents. This include oncall staff. 3. LAS Technical and management staff on call to manage incidents 4. Automated alerting of rising issues and system monitoring to both supplier and LAS staff. 5. Daily and weekly assurance checks of the system and fall back mechanisms. 6. Documented paper process for paper operations (OP66) intended for EOC to operate safely.	An external review has been commissioned to undertake a root and branch review of the LAS CAD environment. This will; 1. Fully understand the complex underlying issues with the CAD solution to evaluate, respond to and ensure appropriate actions are taken from the Root Cause Analysis. 2. Support and enhance the IM&T management and leadership capability, including implementing any immediate actions that come out of the incident review or are required from the application of Best Practice IT service management. 3. Perform a more holistic resilience review that will cover a range of business and technology resilience angles including, but not limited to, hardware infrastructure resilience; software package resilience; contractual position of IT services; EOC business resilience; staff resilience. This work is being undertaken in conjunction with NHSI and NHSE in their respective roles of regulator and system resilience lead.	<b>3799</b>	Reports to May Board	30/06/2017
<b>Gaps in Controls</b> LAS has commissioned an external review of the CAD environment to determine the reasons for the outage. At this time the "Root Cause" of the issue is in the process of being established. The "gaps in control" relating to the CAD will be revised once that work is complete. Gaps that have been identified to date are; 1. The extent of the monitoring of the system. It is unclear if this is a casual issue at this stage. 2. Database management. It is unclear if these are causal issues at this stage. 3. Senior support in IM&T. The CIO post was vacant at the time of the outage. Proposed actions 1. An initial Root Cause Analysis report is being developed by LAS, system suppliers, NHSD and external IM&T experts.				

2. Enhanced monitoring has been put in place around the CAD. T
3. An action plan has been developed in respect of one specific database issue. This will be actioned on 21/2/17.
4. An interim CIO has been engaged to lead the IM&T Dept. In post.
5. Additional technical support has been provided by NHS Digital. In place.
6. Specialist have been engaged to complete an external review of the CAD environment. In place.
7. A clinical review of the impact on patients of the New Year's Day outage has been started.
8. An Operational review has started

**Gaps in Assurance**

TBC - To be updated from outcome of 2017 Trust Board meeting.  
 Until the gaps and hence plan is formalized:  
 - Full report on all aspects of the NYD CAD Outage to May 2017 Trust Board.  
 - Regular updates to the LAS Trust Board.  
 - Fortnightly meetings with N

**Signed:** Wynn, Vic

**Date Reviewed:** 09/06/2017



**BAF Risk no. 41**      The current Personal Digital Assistants (PDAs) in use by PTS and NETs staff for the electronic dispatch of jobs to crews and subsequent data collection are obsolete and can no longer be fixed

<b>Risk Classification:</b> Operational	<b>Risk Owner:</b> Woodrow, Paul	<b>Scrutinising Committee:</b> Quality Governance Committee		
<b>Underlying Cause/Source of Risk:</b> Issues raised by control and crew staff.		<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
		<b>15</b>	<b>15</b>	<b>6</b>
<b>Existing Controls</b>	<b>Positive Assurance of Controls</b>	<b>Further Actions</b>		<b>Due Date</b>
Hand held airwave radios. Crews personal mobile phones. Data collection currently verbally relayed to control. Crews advised to contact control every 20 minutes where delays occur.	Manually collected data is recorded in Meridian and Command Point. Telephone conversations with crews are recorded within EOC.	<b>3299</b>	Purchase replacement devices	Completed (31/03/2017)
<b>Gaps in Controls</b>	<b>Gaps in Assurance</b>	<b>3696</b>	Roll out on NETS Devices to NET Operational Devices	30/06/2017
No device supplied by the LAS for consistent collection of data and means of communication	No automatic flagging of delays by system, should crews not make contact verbally.			

**Signed:**      Woodrow, Paul      **Date Reviewed:** 05/06/2017



Summary report to:

Trust Board

Date of meeting:

19/06/2017

1

Presented by: Non-executive Director Prepared by: Theo de Pencier

Matters for escalation:

[Empty box for matters for escalation]

Other matters considered:

At the L&IC meeting on 13<sup>th</sup> April 2017 the committee agreed high level Key Performance indicators (KPIs) for IM&T and Fleet and Logistics. Estates would bring their proposed KPIs to the June meeting for discussion.

The Fleet Strategy 2016- 2020 was reviewed and recommended to the Trust Board (TB) approval. Approval was subsequently given to the broad direction of the strategy at the TB meeting on 25<sup>th</sup> May 2017 subject to an annual refresh and costed annual plans for implementation.

Implementation progress of the IM&T strategy – which had been previously approved by the TB was noted.

At the committee meeting on 19<sup>th</sup> June 2017:

- 2017/18 Capex and Cos Improvement Programme (CIP) budgets were discussed for all three areas (IM&T, Fleet and Estates).
- Strategy implementation updates were discussed for all three areas
- Estates presented proposed KPIs (legislative needs and maintenance focus).
- The roles of Business Intelligence and Procurement representatives on the committee were clarified and agreed.

**IM&T**

The new Chief Information Officer (CIO) noted that whilst the broad direction of the existing IM&T strategy was continuing it was being refreshed in the light of lessons learned from the CAD outage on New Year's Eve and the recent 'Wannacry' cyber-attack that impacted the NHS. Whilst LAS was not disrupted by the attack it was felt that the potential risk had increased and that, therefore additional security measures should be adopted.

In addition next steps in delivering the 2017/18 plan included CIP plan development, project prioritisation and business case development.

**Fleet and Logistics**

The Deputy Director of Fleet and Logistics took the committee through current fleet delivery project status and vehicle preparation hub roll-out progress. Statistics relating to what has been achieved so far with the vehicle preparation project were shared and staff feedback - overwhelmingly positive - highlighted.

Detailed plans to deliver the 2017/18 CIPs budget, fleet growth needs and Mobile Data Terminal (MDT) replacement urgency were highlighted as priorities as well as developing - with IM&T - an equipment tracking solution

and continued work with procurement to ensure contract coverage for all major spend.

### **Estates**

The Head of Estates presented a paper which proposed a number of KPIs for discussion and approval. In addition the paper sought to provide the committee with assurance that all statutory, planned and reactive (i.e. unplanned) maintenance was actively managed and that the standard of domestic cleaning was monitored. Finally that the secure drugs project was on track.

The committee were happy with the information provided and requested that where possible historical data be included as well as trends and exceptions being brought out more clearly. The secure drugs project pathway was noted.

A paper was also presented to update the committee on where LAS had got to in developing its Estates Strategy. The paper noted 'where we are now' and broadly 'where we wanted to be' as well as recommended next steps. The paper had yet to be reviewed by ELT.

Whilst it was frustrating that little progress appeared to have been made in having a detailed plan for implementation, it was appreciated that the new CEO and other new senior managers needed to be brought up to speed and have input into the future shape of the Estate, before the strategy could be taken forward. It was also felt that how the business was configured was a key element in transforming LAS and needed to be integrated into and resourced as part of that process.

### **Key decisions made / actions identified:**

### **IM&T**

Over the next few months a key action for the IM&T team would be to recruit additional technical skills and also to fill vacancies at all levels across the function. Increasing resilience and improving project delivery remain key challenges.

In addition next steps in delivering the 2017/18 plan included CIP plan development, project prioritisation and business case development.

### **Risks:**

### **Assurance:**

It is reassuring that all three areas are led by experienced professionals. Whilst resource (i.e. people) issues need to be addressed urgently and some significant risks have become more concerning – e.g. cyber security and air quality in London – they appear to be receiving appropriate management attention and focus.

Given that Fleet and IM&T account for the vast majority of LAS' capex and a fair proportion of CIP delivery they are critical to its financial performance and service quality.

With Estates they will also be critical to delivering the step change in performance and culture required if LAS is to be transformed into an outstanding organisation.



## TRUST BOARD FORWARD PLANNER 2017

Tuesday 1<sup>st</sup> August 2017

Standing Items	Assurance Performance / Quality / Workforce / Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Declarations of Interest Minutes of the previous meeting Matters arising Patient story Report from the Trust Chairman Report from Chief Executive Serious Incidents	Integrated Board Performance Report including Quality Report Assurance Reports from sub-committees BAF and Corporate Risk Register Finance Report M3	Patient Engagement Strategy STPs Business Continuity Plan	Report from Trust Secretary Trust Board Forward Planner and 2018 dates Security Management Annual Reports: - Patient Experience - Patient and Public Involvement and Public Education	Quality Governance Committee – 11 <sup>th</sup> July 2017 Finance Investment and Performance Committee – 20 <sup>th</sup> July 2017 Logistics and Infrastructure Committee – 16 <sup>th</sup> June 2017 Workforce and Organisational Development – 24 <sup>th</sup> July 2017	

**Tuesday 3<sup>rd</sup> October 2017**

Standing Items	Assurance Performance / Quality / Workforce / Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Staff story</p> <p>Report from the Trust Chair</p> <p>Report from Chief Executive</p> <p>Serious Incidents</p>	<p><b>Integrated Board Performance Report including Quality Report</b></p> <p><b>Assurance Reports from sub-committees</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M5</b></p> <p><b>EPRR assurance from the Audit Committee</b></p>	<p>STPs</p>	<p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Audit Committee – 4<sup>th</sup> September 2017</p> <p>Quality Governance Committee – 19<sup>th</sup> September 2017</p> <p>Finance Investment and Performance Committee – 21<sup>st</sup> September 2017</p> <p>Annual General Meeting – 26<sup>th</sup> September 2017</p> <p>People and Organisational Development Committee – 18<sup>th</sup> September 2017</p>	

Tuesday 31<sup>st</sup> October 2017

Standing Items	Assurance Performance / Quality / Workforce / Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Declarations of Interest Minutes of the previous meeting Matters arising Patient story Report from the Trust Chair Report from Chief Executive Serious Incidents	<b>Integrated Board Performance Report including Quality Report</b>  <b>Assurance Reports from sub-committees</b>  <b>BAF and Corporate Risk Register</b>		Report from Trust Secretary  Trust Board Forward Planner	Logistics and Infrastructure Committee – 9 <sup>th</sup> October 2017	



## Tuesday 28<sup>th</sup> November 2017

Standing Items	Assurance Performance / Quality / Workforce / Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Declarations of Interest Minutes of the previous meeting Matters arising Staff story Report from the Trust Chair Report from Chief Executive	<b>Integrated Board Performance Report including Quality Report</b>  <b>Assurance Reports from sub-committees</b>  <b>BAF and Corporate Risk Register</b>  <b>Finance Report M7</b>  <b>EPRR assurance from the Audit Committee</b>	Review of Business Plan  STPs	Report from Trust Secretary  Trust Board Forward Planner  Performance Reporting compliance statement  HES report	Audit Committee – 6 <sup>th</sup> November 2017  Workforce and Organisational Development – 13 <sup>th</sup> November 2017  Quality Governance Committee – 14 <sup>th</sup> November 2017  Finance Investment and Performance Committee – 23 <sup>th</sup> November 2017	

Tuesday 12<sup>th</sup> December 2017

Standing Items	Assurance Performance / Quality / Workforce / Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Declarations of Interest Minutes of the previous meeting Matters arising Patient story Report from the Trust Chair Report from Chief Executive	<b>Integrated Board Performance Report including Quality Report</b>  <b>Assurance Reports from sub-committees</b>  <b>BAF and Corporate Risk Register</b>		Report from Trust Secretary  Trust Board Forward Planner		